

SPECIAL POPULATIONS SUMMER PROGRAM

JUNE 17 TO AUGUST 15, 2019
(closed July 4)
COST: \$55.00, 9 WEEK SESSION

Monday - Friday 11:30 AM - 4:30 PM
SITE: Colburn Park
 Also various tour sites

****YOU MUST BE A GREEN BAY RESIDENT TO PARTICIPATE****

Special Populations is an ambulatory program for children with special needs, ages 6-18. Some exceptions are made based on individual evaluation.

Arts & Crafts
Swimming
Coordination
Tours
Sports & Games



REGISTRATION
DEADLINE:
 May 29, 2019
 Ages: 6-18 year olds

SPECIAL POPULATIONS REGISTRATION FORMS- Mail/Drop-Off/Fax/Phone

Mail/Drop-off /Fax to:
 100 N. Jefferson St., Room 510, Green Bay, WI 54301
 ⇒ Make checks payable to: Green Bay Parks Department
 ⇒ Fax to: (920) 448-3393 Office: (920) 448-3365

Charge Info: (Circle One) - Visa, MasterCard, Discover	
Credit Card #	Exp. Date/3Digit Code
Card Holder (Print Name)	Payment Amount
Authorized Signature	

MUST BE A GREEN BAY RESIDENT TO PARTICIPATE

Name of Head of Household _____

E-mail Address _____

Address _____ DOB: _____

Telephone #'s: Home _____ Work (Mother) _____ Work (Father) _____

Participant's Name	Birth Date	Age	Gender M/F	Class	Activity #	Fee
				Special Populations	280022	
				Special Populations	280222	
				Special Populations	280222	

The Special Populations program is for Green Bay City Residents only! Please answer all questions completely and legibly. This program, sponsored by the Green Bay Parks, Recreation & Forestry Department, is an ambulatory program for children with special needs, ages 6-18. Some exceptions are made based on individual evaluation.

Child's Name: _____
Last First

Address: _____
Street Zip Code

Parent or Guardian Name: _____

Child's Age: _____ Date of Birth: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

School Attended: _____ Number of years in school: _____ Grade: _____

Assessment: (Check One)

Cognitively Disabled Autistic Down Syndrome Cerebral Palsy Other (Explain)

Describe your child's disability: _____

Describe in detail your child's needs or limitations: _____

Explain any disciplinary methods that could help us work more effectively with your child: _____

List any special needs, concerns, precautions or any other pertinent information the staff should be aware of: _____

Describe any allergies: _____

DOES YOUR CHILD...

Need any ambulatory assistance in walking, running or participating in physical activities?	Yes	No
Wear a helmet?	Yes	No
Dress himself/herself?	Yes	No
Feed himself/herself?	Yes	No
Have speech impairment?	Yes	No
Have a hearing impairment?	Yes	No
Have sight impairment?	Yes	No
Experience blackouts?	Yes	No
Experience seizures?	Yes	No
Experience fainting spells?	Yes	No

If you answered yes to any of these questions, please explain: _____

DOES YOUR CHILD:

Need any toiletry assistance?	Yes	No
Have accidents due to lack of bladder control?	Yes	No
Have accidents due to lack of bowel control?	Yes	No
Need more than periodic supervision?	Yes	No
Have anger management problems?	Yes	No

If you answered yes to any of these questions, please explain: _____

***NOTE: We may request parent/guardian assistance in this area if needed.**

Is your child on medication? Yes____ No____ If yes, list Medication_____

****NOTE: Your child must be able to take all prescribed medication by himself/herself or arrangements must be made by parent to administer medications. Law does not permit the staff, to administer medication to the child.**

Please use the space below to include any other information that may be helpful: _____

Send registration to:
Green Bay Parks, Recreation & Forestry Department
100 N. Jefferson St., Room 510, Green Bay, WI 54301