

**Illinois Valley YMCA  
Getting to Know You Form**

**Participant's Name:** \_\_\_\_\_

**Parents:** We can work more effectively with your child at the YMCA this summer if we know as much about him/her as possible. Please help us by filling in the blanks and handing in with the registration packet. Feel free to make an appointment with the Program Director as well.

**Well-liked nickname:** \_\_\_\_\_ **Age at beginning of the program:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Living with whom:** \_\_\_\_\_

**Others with whom your child resides:**

\_\_\_\_\_

Does your child require any modifications in YMCA policies, practices or procedures or auxiliary aids and services in order to allow your child to fully participate in our programs?  Yes  No

**If yes, explain.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Our ADA Compliance Officer will follow up with you to discuss any requests.)**

Does your child require the services of therapeutic support staff (TSS) while at the YMCA?

Yes  No

**(If yes, an appointment must be made to meet with the Program Director prior to starting the program to review the YMCA TSS policy).**

If your child has an IEP, would you like to provide a copy to the Program Director? (Provision of the IEP is up to the discretion of the parents/guardian.)  Yes  No

What areas of your child's life would you hope to see developed by at the YMCA?

\_\_\_\_\_

\_\_\_\_\_

What do you consider his/her strengths and weaknesses?

\_\_\_\_\_

\_\_\_\_\_

Does your child have siblings attending YMCA programming at the same time?  Yes  No

**If yes, Name (s) & Age(s)** \_\_\_\_\_

Please note any additional information the Program Director should know about your child to better serve your goals for your child. Such information may include, but is not limited to, information about your child's personality, disposition, social skills, and forms of behavior modification used at home as well as hobbies, interests and preferred activities etc.

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