**To be put on the website:**

**Woodbury Parks and Recreation Inclusion Policy:**

The Woodbury Parks and Recreation encourages and supports the participation of residents with disabilities in all programs and services. We strive to make every program accessible to all community members, and we recognize that this includes a wide range of abilities and skills. We provide inclusion support services and reasonable accommodations. To make each program as successful as possible for all participants, please notify the Parks and Recreation office at least 21 days in advance for accommodations. Woodbury Parks and Recreation is not licensed to administer medication.

**WOODBURY PARKS AND RECREATION SPECIAL NEEDS POLICY**

The Town of Woodbury Parks and Recreation Department is committed to serving the needs of everyone in the community through inclusive programming, providing an atmosphere in which persons with and without special needs can interact, play, and socialize with their peers in an all-inclusive, supportive environment.

The American with Disabilities Act (ADA) prohibits discrimination in public accommodations based on disability and requires most municipal programs to provide reasonable accommodations unless the accommodation would fundamentally alter the program, pose a direct threat to the child or others, or otherwise impose an undue burden on the municipality.

**What does “reasonable accommodation” mean?**

Reasonable accommodations/modifications are program changes made to assist a person with a disability to meet essential eligibility requirements (participation skills). An accommodation/modification is “reasonable” when it does not result in a fundamental alteration in the nature of the activity. ([www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm)).

Reasonable accommodations/modifications specifically mentioned in Title II of the ADA may include but are not limited to the following:

* **Extra staff:** providing additional employees or trained volunteers to assist the participant
* **Additional staff training.**
* **Auxiliary Aids or Services:** this may include sign language interpreters, note takers, assistive listening services, cassette versions of documents, and Braille documents.
* **Changes to Rules and Policies**: When a rule can be changed without resulting in a fundamental alteration of the service, it must be changed for the person with a disability.
* **Adaptive Equipment**: Many vendors make adaptive sports equipment, adaptive game pieces, adaptive card holders, special eating utensils, and adaptive musical instruments. The Department of Parks and Recreation shall make every effort to acquire adaptive equipment, if requested.
* **Removal of Architectural Barriers**. This will occur only when it is “readily achievable” to do so. When barrier removal is easily accomplishable and able to be carried out without much difficulty or expense. (ADA 36.304)
* **Other Effective Modifications.** Public entities do not necessarily have to make each of their existing facilities accessible. The Department of Parks and Recreation will make every effort to evaluate how to provide program access through any number of methods. This may include alteration of existing facilities, acquisition or construction of additional facilities, relocation of a service or program to an accessible facility, or provision of services at alternate accessible sites.

**Inclusion Guidelines**

In order for the Woodbury Parks and Recreation Department to provide accommodations/modifications, a twenty one (21) business day prior notice is preferred. This advanced notice will allow for the Department of Parks and Recreation to obtain the necessary information, outline the modification needed and, if necessary and reasonable to do so, to acquire the necessary resources to implement the modification. Exceptions to this policy are:

* Accommodations/modifications will not include invasive procedures such as trach suctioning, cauterization, tube feedings, injections or oxygen tank monitoring.
* Toileting: Staff will provide the following toileting assistance to participants (with the consent of the parent if under the age of 18): reminders, verbal cueing, pulling up and down of clothes, and snapping, zipping, or buttoning of clothes. Staff will not provide diapering, post-toilet wiping, or hands-on transferring of persons with special needs. Staff will not provide any procedures dealing with a catheter.

All participants must enroll in age appropriate programs with their peers. Age/grade requirements for each program/activity will be enforced for all programs.

**Inclusion Request Procedure**

* An Inclusion Request Form must be received twenty one (21) business days prior to the start of a program to allow for adequate time to assess the request.
* Requests will only be considered if there is room in the program for an additional participant. If the class has already reached its maximum number of participants, the Director will contact the parent/guardian to communicate that the class is already full and if possible to provide alternative options.
* Once a request is received, the Director will contact the parent/guardian to discuss the specific needs of the child.
* All attempts will be made to accommodate the needs of all participants, however due to staffing restraints and/or capacity limits within the requested program/classroom, days, times and locations may be limited or other options may be offered other than what was originally requested.

If a request is received less than twenty one (21) business days before the start of the program, all attempts will be made to accommodate the request. Due to time or resource restraints, requests are not guaranteed to be filled.

**Safety/Risk Issues**

Under the Americans with Disabilities Act (ADA) accommodations/modifications are not reasonable if it compromises the safety of staff and/or participants. Safety issues must be formally identified and recorded. The Department of Parks and Recreation staff must issue a memo to the participant and/or his or her legal guardian or caregiver if a modification is denied. The memo must include what was requested, what the agency considered or attempted, why the agency denied the request, and any alternatives that were made available instead of accommodating the request.

In the event that a participant’s behavior causes an unsafe situation to arise, a behavior plan must be developed. Appropriate Department of Parks and Recreation staff, in consultation with other departments if necessary, will develop the plan.

If a parent/guardian has not requested accommodations/modifications and has registered the participant for a program, and it is then determined and communicated that the accommodation/modification is needed, the following steps will be taken.

* If a participant is deemed to be disruptive or unsafe, participant will be removed from program until parent/guardian meeting, inclusion profile and discussion of the accommodation/modification is complete.
* If accommodation/modification is needed and includes the need for additional staff, there may be a time delay for participant to re-enter into the program until staffing is acquired.
* If it is determined that no accommodation/modification is needed, it is then understood that participant must meet the basic qualifying skills of the program.

**Applied Behavioral Analysis (ABA Therapists)**

* If a parent/guardian is requesting that an ABA therapist attend a particular program, an ABA visit request form must be submitted to the Director 21 days prior to the start of the program.
* Due to capacity reasons within a classroom, visitation may be denied and/or alternates dates and times will be considered and agreed upon.

**Town of Woodbury**

**PARENT/GUARDIAN AGREEMENT**

**Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Participating in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I understand that this service is not designed for therapeutic or one-on-one care.
* I understand that the Inclusion Aide does not dictate the structure of the program, and should I have concerns about the structure of the program, I should contact the Director of Parks and Recreation.
* I understand it is my responsibility to provide the Inclusion Aide/ Children’s Program Instructor and Director of Parks and Recreation with the most current information on my child/dependent and his/her abilities to assist in making modifications to meet his/her needs.
* I understand it is my responsibility to let the Inclusion Aide/Children’s Program Instructor and Director of Parks and Recreation know if there are any changes to the information I have provided on my child/dependent as soon as a change occurs.
* I understand it is my responsibility to inform the Children’s Program Instructor for each program my child/dependent signs up for in which I wish to have his/her modifications in place.
* I understand that my child’s/dependent’s inclusion plan does not exempt him/her from following the Woodbury Parks and Recreation program rules and consequences. The modifications in place may assist him/her in meeting these rules, but does not exempt him/her from following them.
* I understand that if my child/dependent is unable to comply with these rules, even with use of the modifications in place, he/she will be subject to the Woodbury Parks and Recreation disciplinary procedures. Conferences, probationary periods and suspensions are some of the steps that may be taken to ensure participants and families are aware their placement in the program is in jeopardy. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond our ability to control.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

**Town of Woodbury**

**INCLUSION REQUEST FORM**

If you are requesting any type of accommodation for the participant, you must submit a **completed Inclusion Request** **form at least** **21 business days** prior to the start of the program. Once a request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of the participant.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Program wishing to participate in:

Name of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant previously participated in a Department of Parks and Recreation Program? YES NO

Description/Definition of Special Needs:

□ Autism □ Asperger’s □ Intellectual Disability □ Visual Impairment

□ Hearing Impairment □ Cerebral Palsy □ Learning □ Behavioral

□ Physical □ Seizure Disorder □ ADHD/ADD □ OCD □ Diabetes

□ Emotional □ Oppositional Def. Disorder □ Other

Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What specific modifications are you requesting?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please e-mail this form to Jenifer Miller at [jmiller@woodburyct.org](mailto:jmiller@woodburyct.org) or mail to:

Jenifer Miller,

Woodbury Parks and Recreation

281 Main Street South,

Woodbury, CT 06798

**Town of Woodbury**

**INCLUSION PROFILE**

**Form Profile Completed By**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth date Mo**. \_\_\_\_\_**Day**\_\_\_\_\_**Year** \_\_\_\_

**Chronological Age**:\_\_\_\_\_ **Cognitive Age**: \_\_\_\_\_ **Emotional Age**: \_\_\_\_ □ **Male** □ **Female**

**Meeting conducted with**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Participant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Location Interested In:**

□ Mitchell Elementary □ Woodbury Middle School □ Nonnewaug High School □ Library

□ Hollow Park □ Rec. House □ Old Town Hall □ Senior Center

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates/Weeks/Title of Program Interested In** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What specific modifications are you requesting for the participant?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the program goals for the participant?**

□ Recreation Participation □ Activity Skills Enhancement □ Exercise for Fun □ Socialization

□ Physical Fitness □ Improve Group Participation □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s primary diagnosis is:**

□ Autism □ Asperger’s □ Intellectual Disability □ Visual Impairment □ Hearing Impairment

□ Cerebral Palsy □ Allergies □ Medical Procedure □ ADD □ Behavioral

□ Physical □ ADHD □ OCD □ Sensory Integration □ Emotional

□ Oppositional Defiance Disorder □ Learning □ Seizure Disorder □ Diabetes

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Severity of Disability** □ Mild □ Moderate □ Severe

**Is the Participant Currently Taking Medication** □ Yes □ No

If yes, what type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, will medication need to be administered during program hours? □ Yes □ No

**Does the participant have any allergies** □ Yes □ No

If yes, what type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, will medication need to be administered during camp hours? □ Yes □ No

**Type of Classroom** □ Self-Contained (all participants have disability) □ Inclusive

□ Part-time inclusion/self-contained

**Participant has a 1:1 aide** □ at all time’s □ during academic learning □ lunch

□ during vocational/manipulative tasks □ self-help tasks

**Participates in inclusion** □ at all times □ during academic learning □ during specials

□ recess □ lunch □ never

**Bathroom Skills** □ Independent □ Toilet trained but needs prompting for hand washing

□ Toilet Trained, occasionally has accidents and needs some prompting

□ Currently toilet training at school and at home and needs some prompting

□ Is not toilet trained and requires hand-over-hand assistance

**Does the participant currently have an IEP or ABA?** □ Yes □ No

If yes, would you be willing to share this information? \_\_\_\_\_\_\_\_\_\_

**Interaction Skills**

**On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, please rate the following:**

|  |  |  |
| --- | --- | --- |
| **Skill** | **Rating** | **Additional Comments** |
| **Comprehends and learns through verbal directions** |  |  |
| **Speaks and is clearly understood** |  |  |
| **Consistently requires visual aids and modeling to participate in activities** |  |  |
| **Requires adaptive equipment to participate in activities** |  |  |
| **Responds to inceptive/reward programs** |  |  |
| **Is sensitive to the touch of others** |  |  |
| **Can manage his/her own anger when upset** |  |  |
| **Can communicate personal needs** |  |  |
| **Will cooperate with staff and peers; shares** |  |  |
| **Stays with assigned group with minimal supervision** |  |  |
| **Becomes frustrated during recreation activities** |  |  |
| **Learns best with visual cues** |  |  |
| **Able to maintain personal space** |  |  |
| **Will require redirecting and prompting to attend to tasks** |  |  |
| **Can stay on task for minimum of 15 minutes** |  |  |
| **Does display aggression toward others** |  |  |
| **Does demonstrate self-injurious behaviors** |  |  |
| **Will use inappropriate language/gestures** |  |  |
| **Will obsess about particular topics** |  |  |
| **Will be able to participate in off-site field, using bus for transportation** |  |  |

**What strategies/techniques do you find successful in redirecting or modifying unwanted behaviors?**

**What types of activities might cause anxiety or a willingness not to participate**

□ Large spaces □ Loud noises □ Touching □ Animals □ Water □ Types of people

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABA THERAPIST VISIT REQUEST FORM**

If you are requesting to have an ABA (Applied Behavioral Analysis) Therapist attend a program with the participant, please complete and submit the information below at least **21 business days** prior to your request visitation date.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age of child \_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of ABA Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program wishing to observe

Name of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time of Observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this be a one-time visit or are you requesting reoccurring visits?

□ One time visit only

□ Reoccurring, please list days and times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant previously participated in a Department of Parks and Recreation Program? YES NO

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

Please e-mail this form to Jenifer Miller at jmiller@woodburyct.org or mail to:

Jenifer Miller,

Woodbury Parks and Recreation

281 Main Street South,

Woodbury, CT 06798