

SPECIAL POPULATIONS REGISTRATION FORM



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