



# APPLICATION FORM

Summer Mentors for Integrated Leisure Experiences

**DATES:** June 6 - July 28, 2023 | Children will be accepted from Grade K (*completed*) to Grade 9

**LOCATION:** First Season Community Center/Purpur Arena (1122 7th Ave South)

**COST:** \$300 (*includes swimming costs*), non-refundable

## APPLICANT & CONTACT INFORMATION

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Disability (s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name (s): \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## ADVISORIES & DISCLAIMERS

***Due to a lack of resources, there is a limitation to the number of participants we can enroll in the program and level of need/care we are able to offer each participant. The Grand Forks Park District reserves the right to refuse to any applicant, if we determine we do not have the necessary resources required.***

**SUBMISSION PROCESS** | For our staff to consider your application, you must include/provide us with:

- (1) a copy of your child's current IEP (Individualized Education Plan) with a behavior plan
  - (2) a letter from their current case manager with any relevant information relating to your child participation in SMILE.
- NOTE: We have attached a "GF Schools Release/Exchange of information" form to assist in your application process.*

**PARTICIPANT BEHAVIOR** | If an enrolled participant's behavior is in question, a plan must be developed prior to the program starting in order to keep your child, other participants, and our staff safe. If your child's behavior becomes severe and/or there is a safety threat, and we are unable to reach the parent/guardian or emergency contact, staff may need to call the police to assist. If your child's behavior issues continue, your child may be temporarily suspended or expelled from the program, if necessary.

For additional information or questions, please contact Lynne Roche at 701.746.2750 | [lroche@gfparks.org](mailto:lroche@gfparks.org)

## COMPLETE & RETURN APPLICATION TO:



Grand Forks Park District Main Office (*located inside ICON Sports Center*)  
1060 47th Ave. South  
Grand Forks, ND 58208-2429



# APPLICATION FORM

Summer Mentors for Integrated Leisure Experiences

**Please tell us about your child! We strive to provide an atmosphere that included all children.**

## ALL ABOUT ME—Let us learn a little more about your child

Does your child need assistance with toileting? \_\_\_\_ Yes \_\_\_\_ No

If so, please explain how we can help:

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

What are your child's favorite things to do? \_\_\_\_\_  
\_\_\_\_\_

Most of the time your child prefers to be involved in:

- \_\_\_\_ fast-paced activities
- \_\_\_\_ slow-paced activities
- \_\_\_\_ highly structured situations
- \_\_\_\_ small group activities
- \_\_\_\_ large group activities
- \_\_\_\_ low stimulation environment

What are your child's least favorite things to do? \_\_\_\_\_  
\_\_\_\_\_

Does your child have a behavior intervention plan? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide a copy of behavior plan at school.

Any additional information you would like us to know: \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL NEEDS

What is your child's major means of communication?

- \_\_\_\_ speech
- \_\_\_\_ signing
- \_\_\_\_ combination of methods
- \_\_\_\_ gestures
- \_\_\_\_ vocalization
- \_\_\_\_ other (please specify) \_\_\_\_\_

Does your child have a communication device? \_\_\_\_ Yes \_\_\_\_ No

Subject to seizures? \_\_\_\_ Yes \_\_\_\_ No

Does your child have a rescue medication for seizures? \_\_\_\_ Yes \_\_\_\_ No

If yes, where will it be located for the summer? \_\_\_\_\_

Please list all medication (s) that your child takes and the prescription:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Does your child have any allergies? Seasonal, environmental, diet, etc.?)

If yes, please list and explain any relevant information related to the allergy (s): \_\_\_\_\_  
\_\_\_\_\_

## PARENT/LEGAL GUARDIAN SIGNATURE

*As the legal parent/guardian, I have read the application and agree that due to a lack of financial and administrative resources, the Grand Forks Park District has the right to refuse an applicant for the SMILE program. I am voluntarily applying for the summer SMILE program and I will provide the proper information requested to assist in helping staff determine if they have the necessary resources required.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GRAND FORKS PUBLIC SCHOOLS

## Release/Exchange of Information

Provide information as it exists when the service is requested.

Name (Last, First)	Date of birth
Address, City, State & Zip	Phone

### Release and Signature:

I hereby authorize: (name and address of person/agency)

**Grand Forks Park District**

**Lynne Roche** Attn:

**P.O. Box 12429, Grand Forks, ND 58201**

To exchange information with: (name and address of person/agency)

Attn:

Grand Forks Public School District

The following information is requested:

☒ Involvement, participation in treatment, work, or school

☐ Progress reports or notes

☒ Recommendations

☐ Discharge summary and status

☐ Psychiatric evaluation

☐ Medical records

☒ Other, (specify) **IEP and BIP**

The above information will be used for:

☐ Case management

☐ Treatment planning & coordination

☐ Consultation

☒ Referral information

☐ Other, (specify)

I authorize contact to be ☐ written ☐ verbal (check one or both)

Release of information is given voluntarily and remains in effect for 1 year from today's date, \_\_\_\_\_, unless revoked in writing or in person by the individual named above or parent/guardian as indicated below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian (if named is child under 18) \_\_\_\_\_

Signature of witness \_\_\_\_\_

Date: \_\_\_\_\_

☐ Check is applicable-notice to whomever disclosure is made concerning addiction records

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.