S.M.I.L.E. Application

Summer Mentors for Integrated Leisure Experiences

JUNE 7 to JULY 30, 2021

1-4:30 p.m.

** ***NOTE! Date/Time/Location Change!***

First Season Community Center/Purpur Arena

1122 7th Avenue South

Cost: $250.00 (includes swimming costs)

Children will be accepted from Grade K (Completed) to Grade 9

Child's Name: _____

DOB: _____ Age: _____ Gender: _____

Disability (ies): _____

Parent/Guardian name: _____

Address: _____

_____

Phone numbers: Home: _____ Cell: _____

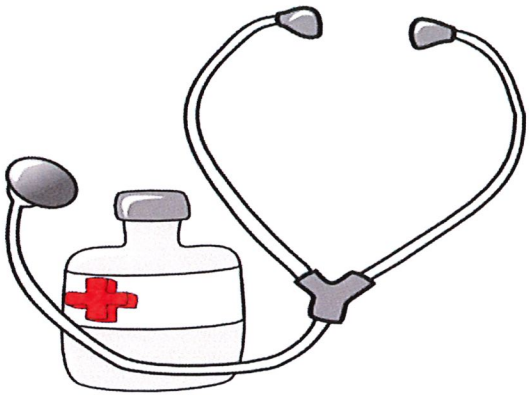
Work: _____ Other: _____

Emergency Contact(s): Name: _____

Phone: _____

**Please be advised that if we are not able to get in touch with you or your emergency contact and your child has severe behaviors, a plan needs to be developed on the necessary steps to keep your child and other children safe. Upon review of your application we will contact you regarding your child and the program. If behaviors become severe and there is a threat to your child or other children, SMILE will need to call the police to assist, if necessary. If behaviors continue to be an issue, your child may be suspended for a day or two or released from the program, if necessary.

**Please attach a copy of your child's current IEP (Individualized Education Plan) as well as a behavior plan, if applicable and if possible, a letter from their current case manager with any relevant information relating to your child and his/her participation in the SMILE program.



Please tell us about your child's medical needs.

Disability: _____

What is your child's major means of communication?

____speech ____gestures
____signing ____Vocalization
____combination of modes ____other (please specify) _____

Subject to seizures? _____

Special instructions relative to seizures:

_____

Does your child have a rescue medication for seizures? _____yes _____no

If so, where will it be located for the summer? _____

Please list all medication(s) that your child takes and what it is prescribed for:

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Does your child have any allergies? (Seasonal, environmental, diet, etc.) ____yes ____no
If yes, please list and explain any relevant information related to the allergy.

_____

_____

Does your child need assistance with toileting? ____yes ____no
If so, please explain how we can help.

Please tell us about your child. We strive to provide an atmosphere that includes all children,

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 environments

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

_____

_____

Will your child need a behavior intervention plan for the summer? ____yes ____no

If yes, please provide a copy of your child's current behavior plan at school.

Any additional information you would like to share:

_____

_____

I/We as parents have read this information and understand all of the stipulations regarding the SMILE program.

Signature: _____

For additional information please contact Lynne Roche at 701-746-2750.
Application may be mailed to:
Grand Forks Park District, 1060 47th Avenue S., Grand Forks, ND 58201

gfparks
GRAND FORKS PARK DISTRICT