



S.M.I.L.E. Application
Summer Mentors for Integrated Leisure Experiences
JUNE 6 to JULY 29, 2022
1-4:30 p.m.

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: _____

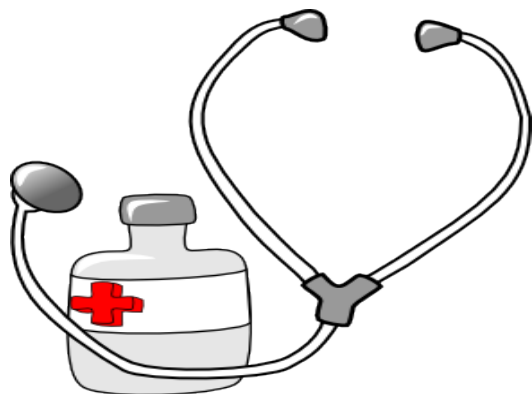
Work: _____ Other: _____

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

