

Date Form Received:

Saturday Fun Enrollment Form

PARTICIPANT AND FAMILY INFORMATION

Participant's Name _____ Date of Birth _____ Home Telephone Number _____

Participant's Home Address _____ City, State and Zip Code _____

Name(s) of Parent(s) and/or Guardian(s) _____ Address, if different than Participant _____

List telephone numbers where parent or guardian may be reached while participant is at Saturday Fun. _____

List name and phone number of person(s) to call **in case of emergency** if parent/guardian cannot be reached. _____

I hereby authorize the following persons to pick up participant. Participant will only be released to a person designated by the parent/guardian after verification of ID.

Name _____ Telephone Number(s) _____

PARTICIPANT DIAGNOSIS AND NEEDS

What is participant's diagnosis? _____

Does participant have any allergies? Yes No If Yes, please list and describe any allergic reaction: _____

Will participant need to take medication while at respite? Yes No If Yes, complete **MEDICATION AUTHORIZATION FORM**

Does participant need assistance with toileting? Yes No If Yes, please describe assistance required: _____

What would be the appropriate staff ratio for participant? 1:1 _____ 1:2 _____ 1:4 _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I give consent for Laura Baker Services Association to secure any and all necessary emergency medical care for participant, including transport to the nearest hospital for emergency services.

Signature of Parent/Guardian _____ Date _____

Name of Primary Care Physician: _____ Phone number: _____

Please complete the reverse side of this sheet to list any additional information, including behavior modifications, that will assist us in supporting the participant.

How does participant best communicate?

Does participant have any intense fears or concerns that are likely to cause great anxiety? If yes, how do you typically deal with these situations?

Yes No

How does participant typically express dislikes/frustration/fear? Is there any body language we can look for that indicates participant is stressed or frustrated?

Please list types of situations that cause increased stress for participant, as well as the strategies that help decrease stress.

Has participant ever been suspended from school, arrested or sent home from school for behavioral problems? If yes, please explain.

Yes No

Does participant have a behavior plan at school? Yes (If yes, please provide a copy.) No

Potential Challenging Behavior (✓ those that apply):	Sometimes	Often
Pinches	_____	_____
Hits	_____	_____
Bites	_____	_____
Scratches	_____	_____
Withdraws	_____	_____
Fights	_____	_____
Runs away/elopes	_____	_____
Damages property	_____	_____
Other _____	_____	_____

What proactive strategies help participant to stay calm when he/she becomes frustrated, stressed or angry?

- Schedules Walks Movement Break
- Time away from group Drawing or writing process Other _____

Where did you hear about Saturday Fun? _____

*LBSA's Saturday Fun is not a state licensed respite service. The program is staffed largely by volunteers and is not equipped to handle aggressive or dangerous behavior. If participant has exhibited aggressive behavior in the last 12 months, please indicate when, where and under what circumstances the aggression occurred. The Family Support Services Coordinate will contact you to discuss the circumstances of the incident. **If participant exhibits aggressive or dangerous behavior while at Saturday Fun, a parent or guardian will be contacted to pick up participant immediately.***