

SUNSHINE SUMMER & NON SCHOOL DAYS

Part II- Application: Special Needs Pre-Enrollment Form

THIS FORM MUST BE COMPLETED IF YOUR CHILD HAS ANY SPECIAL NEEDS OR HAS A MEDICAL CONDITION THAT MAY REQUIRE SPECIAL ACCOMMODATIONS OR SMALL GROUP RATIOS IN OUR CAMP PROGRAMS. IF YOU HAVE MORE THAN ONE CHILD WITH SPECIAL NEEDS OR MEDICAL CONCERNS, PLEASE DUPLICATE THIS FORM AND DO A SEPARATE APPLICATION FOR EACH CHILD. ONCE COMPLETED, PLEASE EMAIL THIS FORM TO MARISA LIONA AT MARISA@SUNSHINEFL.COM

Student's Name: _____ Original Date Completed: _____

Home School Location: _____ Camp Location: _____

Parent/Guardian's Name: _____

Best Contact #: _____ Email Address: _____

Is your child in an ESE or CLUSTER program during the regular school day? Y N

CLUSTER CLASS PRE-K ___ AUTISTIC CLUSTER ___ BEHAVIORAL CONCERNS: ___ OTHER: _____

**IF ACAMEDIC PURPOSES ONLY (SPEECH, PULL OUTS FROM CLASS, GIFTED, ESOL)
- STOP HERE - NO NEED TO COMPLETE THIS FORM**

Does your child have any serious MEDICAL / ALLERGY concerns? Y N

If yes, please explain in detail:

Can your child be included in a regular 1:20 staff to child ratio? Y N

If not, please explain:

Does your child need assistance to participate in any activities such as:

- | | | |
|---|---|---|
| • Swimming (Must be able to change their own clothes) | Y | N |
| • Riding a bus | Y | N |
| • Away field trips | Y | N |

If yes, please explain:

Toileting Needs:	Independent	Y	N
	Needs Assistance	Y	N
	Diapered	Y	N

Is your child able to communicate their needs? Y N

Does your child have any serious behavioral concerns? Y N

Will your child run away from the group? Y N

Is your child aggressive towards others? Y N

Does your child respond to one-step directions? Y N

If yes to any of the above, please explain:
