



YMCA of Metropolitan Washington  
Summer Day Camp 2020  
Inclusion Form

The YMCA of Metropolitan Washington is committed to living out our value of inclusiveness which guarantees non-discrimination and equal access for all in our programs, services, and activities, and will provide reasonable accommodations upon request. Inclusion information for children with special needs must be provided at the time registration & directly to the child's Camp Director on the first day of each camp. Parents must submit Medication Authorization Forms for any medications (including OTC medications, Epi-pens, insulin or foods that treat medical conditions).

1) Name of the Child: \_\_\_\_\_

2) Age of the Child: \_\_\_\_\_

3) Camp(s) & Week(s) Attending: \_\_\_\_\_

4) Name and phone numbers for the parent/legal guardian(s):

Parent/Legal Guardian 1:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian 2:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5) Describe the characteristics of your child's special needs: \_\_\_\_\_  
\_\_\_\_\_

6) What type of support do you feel your child needs? \_\_\_\_\_  
\_\_\_\_\_

7) Does the child have any "triggers" that staff should be aware of? \_\_\_\_\_  
\_\_\_\_\_

8) Are there any other special concerns that staff should be aware of? \_\_\_\_\_  
\_\_\_\_\_

9) Does the parent have any "tips" or suggestions on how to address special concerns? \_\_\_\_\_  
\_\_\_\_\_

10) Does the child have any favorite books, toys or "security" items that would be appropriate to send to camp?  
(Must be approved by the Camp Director.) \_\_\_\_\_  
\_\_\_\_\_

11) Does the child exhibit severe emotional or physical reactions? \_\_\_\_\_

12) When should staff call the parent/guardian? (Parents/legal guardians will always be called if medical attention is required.) \_\_\_\_\_

13) Does the child require medications? \_\_\_\_\_

14) Other pertinent information/concerns. \_\_\_\_\_

All children with special needs or developmental disabilities must consult with camp staff prior to camp before registration can be considered complete. The YMCA will make accommodations to the fullest extent possible based on available resources. One-on-one assistance is not guaranteed.

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camp Director's Name (Please Print)

\_\_\_\_\_  
Camp Director's Signature

\_\_\_\_\_  
Date