



Greater Philadelphia YMCA Getting to Know You Form

Participant's Name: _____

Parents: We can work more effectively with your child at the YMCA if we know as much about him/her as possible. Please help us by filling in the blanks and uploading to your child's ePACT record. Feel free to make an appointment with the Program Director as well.

Well-liked nickname: _____ **Age at beginning of the program:** _____

Birth Date: _____

Living with whom: _____

Others with whom your child resides:

Does your child require any modifications in YMCA policies, practices or procedures or auxiliary aids and services in order to allow your child to fully participate in our programs?

☐ Yes ☐ No

If yes, explain. (Our ADA Compliance Officer will follow up with you to discuss any requests.)

Does your child require the services of therapeutic support staff (TSS) while at the YMCA?

☐ Yes ☐ No

(If yes, an appointment must be made to meet with the Program Director prior to starting the program to review the YMCA TSS policy).

If your child has an IEP, would you like to provide a copy to the Program Director? (Provision of the IEP is up to the discretion of the parents/guardian.) Yes No

What areas of your child's life would you hope to see developed at the YMCA?

What do you consider his/her strengths and weaknesses?

Does your child have siblings attending YMCA programming at the same time?

☐ Yes ☐ No

If yes, Name (s) & Age(s) _____

Please note any additional information the Program Director should know about your child to better serve your goals for your child. Such information may include, but is not limited to, information about your child's personality, disposition, social skills, and forms of behavior modification used at home as well as hobbies, interests and preferred activities etc.