



A youth transition program of The Center for Independent Living Options, Inc.

The objective of the YOLO Summer Program is to provide a safe and secure environment where high school students with disabilities can make friends and have enriching experiences.

Participant Application

Date of Application: _____

Youth Information

First Name: _____ Last Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone number: _____

Emergency Contact

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Relationship to Youth: _____

Email: _____

School Information

Your child's current school: _____ Grade: _____

Does your child have an IEP (Individualized Educational Plan)? _____

Does your child have reliable transportation?

- To a designated pick-up/drop-off site
- To the church where YOLO takes place

Identify Disability

Please mark all that apply:

- Psychological Cognitive Visual Hearing Physical Mental/Emotional
- Non-verbal Non-ambulatory

Specific Disability(s): _____

Additional comments related to child's disability:

Health/Medical

Primary Physician: _____ Phone: _____

Address: _____

Preferred Hospital: _____ Phone: _____

Address: _____

Is your child currently taking any medications? If so please list, including dose and time taken:
(YOLO staff does not administer medication)

Please answer the following questions completely. (Enter N/A if any are not applicable)

A. What is your child's current/most recent diagnosis? _____

B. Significant health conditions: _____

C. Allergies: _____

D. Special diet/food restrictions: _____

E. Any limitations or concerns: _____

F. Please describe any behavioral difficulties that your child has, e.g. hitting, biting, self-injurious behaviors, etc. Please be specific. Incomplete information may hinder our ability to handle any crises or challenging situations.

Please help us to know more about your child:

- A. What special interests and strengths does your child have?

- B. What are your child's current areas of need or challenges?

- C. Please add anything else you think we need to know about your child.

How did you hear about YOLO? _____

Have you attended YOLO in the past? (Circle all that apply) 2013 2014 2015 2016

I/We hereby make an application for my child to attend YOLO. I/We have filled out all of the information to the best of my/our knowledge. I/We realize that this is simply an application and that my child has not at this time been enrolled in YOLO.

Parent/Guardian Signature(s)

Date

Please Return Completed Application by May 5, 2017 to:

CILO - Summer Program
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Cincinnati, OH 45219
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F: 513.241.1707
www.cilo.net

