



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Inclusion Intake Form

Participant Name:	DOB:	Age:
Parent/Guardian Name:	Phone Number:	
Address:	City:	Zip:
E-mail:		

What are the program expectations for your child? _____

How does your child like to communicate? Is your child Verbal or Non-Verbal, please explain: _____

What strategies are effective in helping your child transition from activity to activity? _____

What are child's dislikes and or aversions, any calming techniques that our staff can use to best support your child? _____

Is there anything we can reinforce at the Y program that is happening in school or home environment?

What is best way to get your child's attention? If your child needs to be redirected, what strategies do you suggest? _____

YMCA OF METROPOLITAN DALLAS • Childcare Services

146 Town Center Blvd • Coppell, TX 75019

Phone: 469-902-9077 (YMCA) • https://www.ymcadallas.org/locations/school_age_services

YMCA OF METROPOLITAN DALLAS Mission: To put Christian values into practice through programs that build healthy spirit, mind, and body for all.



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Do you foresee your child needing any behavioral or social-emotional supports during program time (e.g. initiating play with friends, communicating, and sharing)? _____

Does your child need assistance with self-care (bathroom, eating, or changing)? _____

Please tell us about all health or medical concerns for your child: Any sensitivity to loud music, noises, or water or other stimulations? _____

Please tell us what, if any, medication needs to be administered during program time (Medication Consent Form to be filled out if applicable): _____

If your child has an IEP or has been working with an outside support team, would you be willing to share information with us concerning this? _____

At the Y, we want all youth to learn, grow and thrive. Most importantly, we want your child to have the most rewarding and positive experience possible. Please let us know any other helpful information about your child:

If your child requires/prefers an aid to be with them during the program, please provide the following:

Aid Name: _____

Does your child's aid work for a company? If yes, which company: _____

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