



Pool Pals

A swim program for
 children with autism spectrum disorder



Attach
 recent
 photo
 of child
 here

Application

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade: _____

Home address: _____

County: _____ Home Phone: _____ Cell Phone: _____

School attending: _____

Parent/Guardian name(s): _____ Relationship: _____

Child's diagnosis/special needs: _____

Any health concerns: _____

Family/Parent e-mail: _____

Method of Payment: Check made payable to Upstate Cerebral Palsy

Credit Card: # _____ Exp. Date: _____

Signature: _____

Installment payments: Check Credit Card (include info above)

1st installment: \$25 included with application

2nd installment: \$25 due on September 28

3rd installment: \$25 due on October 19

Scholarship Request - *Our family would like to be considered for a need-based scholarship*

Family Annual Gross Income: _____

Number of children in household: _____

Amount Requested: Partial: \$ _____ Full tuition of \$75

Please state why you are requesting a scholarship: _____

Please answer the questions on the reverse so that we may get to know your child better.

Mail the completed application to:

The Kelberman Center

1601 Armory Drive

Utica, NY 13501

(315)797-6241 ~ www.kelbermancenter.org

What does your child like to do? What are his/her interests?

What activities does your child dislike? Are there activities he/she will not do?

What do you hope your child will get out of the Pool Pals program?

Can your child swim? _____

Does your child have any special toileting or self-care needs? _____

In school, what is your child's educational placement? Does your child have an aide?

Describe any sensory issues your child may have (loud noises, touching, etc.)

Please describe any behavioral concerns for your child. What usually causes these behaviors? What are some effective ways to deal with them?

Please explain any special precautions that should be taken when interacting with your child (biting, hitting, scratching, doesn't like to be touched, etc.)

What else would you like us to know about your child?
