



# Participant Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name and E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name and E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Please list any activities in which your child has had previous involvement (e.g.: Community, Recreational, Extracurricular Programs, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the activities in which your child is interested in participating (e.g.: Boy/Girl Scouts, School of Religion, Sports, School-related Activities, Community/Recreational Programs, etc.):

Activity:	Day:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you need more information about the activities:  Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only: <input type="checkbox"/> Evaluation <input type="checkbox"/> Thank You <input type="checkbox"/> _____
Match #: _____



Please describe your child in the following areas:

Communication Skills (How well is your child able to understand and follow verbal directions? Does he or she use other forms of communication, for example, sign language?)

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Level of Independence (What level of assistance would help your child feel successful?)

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Please share with us any other information that would be helpful to your child's success in this program:

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How do you hope your child will benefit from this activity?

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Would you like us to contact your child's teacher?  Yes  No

Teacher's Name: \_\_\_\_\_

Teacher's Phone #: \_\_\_\_\_

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

Questions: Elena Camerieri, TIES Coordinator, erlmv@rochester.rr.com or 585-385-9609

Return completed application to: Elena Camerieri, TIES Coordinator, 21 Langston Point, Pittsford, New York 14534