FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Integration Initiative

Enrollment Form

Please forward this form to the appropriate Inclusion staff member

____ Franklin: Sarah Henesey SarahH@hockymca.org
____ Foxboro: Lyn Durant LynD@hockymca.org
____ North Attleboro: Taylor Shuler TaylorS@hockymca.org
____ Teens and Young Adults: Laurie Inferrera LaurieI@hockymca.org
____ InteGREAT: Rachael Duquette RachaelD@hockymca.org

The Integration Initiative is about inclusion. We believe everyone, no matter their ability, should have the opportunity to take part in YMCA programs and activities with appropriate accommodations and/or supports. We ask that families complete this form to be enrolled in the Integration Initiative so the Inclusion Team is better able to work with the family in the development of appropriate supports and strategies for success. This information will not be shared outside of the YMCA or used to stigmatize or discriminate in any manner.

PARTICIPANT INFORMATION:

Name:_____DOB:____/_____/_____ Age:_____

Address:_____

☐ Phone:_____ ☐ Email:_____
Please check the preferred method of contact

Preferred Pronouns:_____

PARENT/GUARDIAN INFORMATION:

Name:_____ Relationship to Participant:_____

Address:_____
__ Check if same as above

☐ Phone:_____ ☐ Email:_____
Please check the preferred method of contact

EMERGENCY CONTACT INFORMATION:

Name of Contact	Relationship to Participant	Contact Number

Language(s) spoken in the home: _____

Disability/diagnosis: _____

Last Revised 07/2026

MEDICAL INFORMATION:

Does the participant have any allergies? **YES** **NO**

If Yes:_____

Does the participant carry and Epi Pen? **YES** **NO**

Are there any medical or other restrictions/considerations? (communication, sensory, behavioral, social, triggers, etc.) **YES** **NO**

If yes, please describe: _____

_____

Does the participant take any medication? **YES** **NO**

If Yes:_____

Does the participant have a history of seizures? **YES** **NO**

If yes, when was the last one? _____

Do they carry rescue meds? **YES** **NO**

If yes, ,what medication? _____

Is there a seizure protocol? **YES** **NO**

Has it been shared with the YMCA? **YES** **NO**

What are the known triggers? _____

Is the participant independent in toileting? **YES** **NO**

ENGAGEMENT INFORMATION:

Please indicate areas of program interest for the participant _

___Gymnastics ___Sports ___Summer/vacation camp ____After school care

___Aquatics ___Fitness ___Social opportunities ____Childcare ____STEM

___Dance ___Arts and Entertainment ___Other_____

Describe any successful inclusive opportunities that the participant may already have experienced (inclusive classroom, sports leagues, etc.) _____

_____

What are the goals for the participant's participation?_____

_____

What are the participant's interests and abilities?_____

_____

SUPPORT INFORMATION:

Does the participant receive support from an aide, PCA, or ABA? **YES** **NO**

If yes, what is the ratio for support? Individual : Staff _____:_____

Does the participant have a Behavior Intervention Plan? **YES** **NO**

If yes, would you be open to sharing information? **YES** **NO**

If needed, are you or an aide willing to accompany the participant to class? **YES** **NO**

Please note: you or an aide may provide support for any individual with a disability with no change to their membership. ***We require a background check conducted by the YMCA for all non-YMCA staff support persons****.*

By signing the enrollment form you give the Hockomock Area YMCA permission to discuss only pertinent information about the participant with YMCA staff in order that the participant may be successful within programming. The YMCA will confidentially track classes and programs in which the participant enrolls.

_____ _____

Parent/Guardian Signature Date

How did you hear about our program?

- □ Our website
- □ Member service desk staff
- □ Friend or family: _____
- □ Provider referral: _____
- □ School district referral: _____
- □ Google search
- □ Social Media Group: _____
- □ Other: _____