



# Connections That Count

## Participant Application

Please complete all sections of the application and return it to a Connections That Count Leader.

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Age of Participant: \_\_\_\_\_ Birthday: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relation To Participant: \_\_\_\_\_

**Please share favorite activities and interests:**

\_\_\_\_\_

\_\_\_\_\_

**Please share your participants favorite treat:**

\_\_\_\_\_

**Please share any medical or behavioral needs or conditions:**

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**Please list and food, drug, environmental, or other allergies:**

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**Please share any other information you would like us to know:**

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# Participant Interest Profile

Please check all of the following that apply to your participant. We will use this information to better inform our leadership team so that we can plan activities and provide support to meet that individual need!

## My participant enjoys:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Coloring     | <input type="checkbox"/> Gym Activities | <input type="checkbox"/> Crafts          |
| <input type="checkbox"/> Drawing      | <input type="checkbox"/> Walking        | <input type="checkbox"/> Puzzles         |
| <input type="checkbox"/> Writing      | <input type="checkbox"/> Communicating  | <input type="checkbox"/> Yard Games      |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Being Social   | <input type="checkbox"/> Board Games     |
| <input type="checkbox"/> Soccer       | <input type="checkbox"/> Exploring      | <input type="checkbox"/> Reading         |
| <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Making Friends | <input type="checkbox"/> Scavenger Hunts |
| <input type="checkbox"/> Other: _____ |   |  |

## What areas/skills does your participant need help or social support from?

- Branching out to new activities and/or games
- Socializing with new people
- Taking turns
- Participation
- Maintaining boundaries (socially/physically)
- Other: \_\_\_\_\_

**Please provide us with additional information to help us overcome any challenging situations that may arise through this year.**

- My participant likes to wander off from the group
- My participant cannot regulate their emotions and truffles with anger/violence
- My participant struggles to understand social boundaries
- My participant tends to overshare with others
- My participant needs assistance with healthier eating choices

If you checked yes, please provide us with suggestions to help us assist your participant:

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**Does your participant have any medical conditions that require a medical action plan? If yes, please attach a medical Action Plan with a doctor's approval of the plan.**

Examples may include: vasovagal syncope, epilepsy, seizure disorder, any disorder that causes loss of or altered consciousness.

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**Please check the boxes of the people you are comfortable sharing the information on the participant interest profile with:**

- Core leadership team
- Student volunteers