



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: _____



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?) _____

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

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

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

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

Teacher's Name: _____

Teacher's Phone #: _____

Parent's Signature: _____

Return completed application to:

Jaime Beitz, TIES Coordinator for Grand Island Central School District

1702 Broadway

Grand Island, NY 14072

(716)425-6649

jaimebeitz116@gmail.com