

# WEYMOUTH RECREATION

## Exceptional Program Application

1393 Pleasant St.  
Weymouth MA 02189  
781-682.6124

[www.weymouth.ma.us/recreation](http://www.weymouth.ma.us/recreation)



### CONTACT INFORMATION

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

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

Parent Guardian: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### SCHOOL

School attended 2018-2019: \_\_\_\_\_

Is the participant on an IEP? YES NO

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child in a special program? YES NO

If yes, please specify. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In school, does your child have a one on one Para? YES NO

If yes, please specify reasons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE TURN OVER TO COMPLETE THE APPLICATION**

**MEDICAL**

**Primary Physician's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Medical Form:** Please submit the most recent (not more than two years old) medical form at the time of registration.  
Parent/Guardian Initials: \_\_\_\_\_

**MEDICATIONS**

Is your child on any Medications? YES NO

If yes, please list all medications. \_\_\_\_\_

Do any carry side effects? YES NO

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is the medications administered? By self or by others?

Would medications be needed during the day? (program time) YES NO

PLEASE NOTE THAT THE STAFF CAN NOT ADMINISTER MEDS

I understand that this program is recreational in nature and not a school sponsored program.

Parent/Guardian Initial: \_\_\_\_\_

**REFERENCES**

Please list below the requested contacts.

1. Teacher: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. Social Worker: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Office Staff Only	
Date Received: _____	Medical Form Submitted: Y N