

JACKSON COUNTY PARKS + REC
Special Population Services
Enrollment Form

Confidentiality Statement: It is the policy of the Jackson County Parks + Rec's Special Population Services to maintain the confidentiality, including records, of all persons enrolled and/or participating in any program or activities sponsored by Jackson County Parks + Rec (JCP+R) or any of its divisions. For more information about JCP+R's confidentiality policy, please contact the office at (816) 503-4812.

PERSONAL INFORMATION:

Participant's Name: _____ Date of Birth: _____	
Address: _____	
City: _____ State: _____ Zip Code: _____	
Phone Number: _____	
Email address: _____	
Is the above address a:	If the residence is a group home, ISL, or "other" living arrangement, what agency provides support?
<input type="checkbox"/> Group Home	_____
<input type="checkbox"/> Supported Living/ISL	
<input type="checkbox"/> Family's Home	
<input type="checkbox"/> Own Home or Apt	
<input type="checkbox"/> Other (Please explain) _____	
Race:	Gender:
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Female
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Male
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other _____	
	Please list the name of your Service Coordinator/ Case Manager if you have one: _____
	What agency is he/she represented by? <input type="checkbox"/> EITAS <input type="checkbox"/> Kansas City Regional Office
Employment: _____	
Is this a: <input type="checkbox"/> Workshop <input type="checkbox"/> Day Program <input type="checkbox"/> Competitive <input type="checkbox"/> Other _____	

PARENT/GUARDIAN INFORMATION:

Name of Parent/Guardian (if applicable): _____	
Daytime/Cell Phone: _____	Evening Phone: _____
<input type="checkbox"/> I AM MY OWN GUARDIAN	

EMERGENCY CONTACT INFORMATION:

Special Instructions in case of an emergency: _____ _____	
1 st Contact: _____	Relationship: _____
Daytime/Cell Phone: _____	Evening Phone: _____
2 nd Contact: _____	Relationship: _____
Daytime/Cell Phone: _____	Evening Phone: _____

PLEASE CONTINUE ENROLLMENT FORM ON REVERSE SIDE

Participant's Name: _____

SPECIAL NEEDS/ACCOMMODATIONS:

Disabilities/Diagnosis (please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Mental Illness (please specify) _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Are any special accommodations needed? Yes No

If so, what accommodations are needed? _____

SOCIAL AND SPORTS INTEREST:

Participants Interests (please check all that apply)

Social Events:

- Arts & Crafts
- Dances
- Gardening
- Fishing
- Social Clubs (On the Town Club, Workshop Social Club, etc.)

Sports Training and Competition:

- | | |
|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Pickleball |
| <input type="checkbox"/> Bocce/Boccia | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Winter Sports (Skiing, Snowshoeing, etc.) |

Are there any other sports or recreation activities that Special Population Services should offer?

PLEASE FAX OR MAIL BACK THE COMPLETED ENROLLMENT FORM TO:

Mailing Address:

JCP+R Special Population Services
22807 Woods Chapel Road
Blue Springs, MO 64015

Email/Phone/Fax:

Email: tmcmillan@jacksongov.org
Phone: (816) 503-4812
Fax: (816) 525-2764

THANK YOU FOR YOUR TIME!