**CLUB DAYBREAK**

**APPLICATION FOR MEMBERSHIP**

**Applicant Information:**

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| --- | --- |
| First Name: | Last Name: |
| Name Used: | Date of Birth: |
| Gender: Male Female |  |
| Full Address: |  |
|  |  |
| Cell Phone: | Home Phone: |
| Email: |  |

**Parent/Guardian Information:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Relationship to applicant: |  |
| Full Address: |  |
|  |  |
| Cell Phone: | Home Phone: |
| Work Phone: | Email: |

**Present Living Arrangements:**

Parent’s Home Group Home Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Formal Diagnosis and Medical Conditions:**

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| --- |
|  |

**Current Medications:**

|  |  |
| --- | --- |
| Name: | Reason: |
| Name: | Reason: |
| Name: | Reason: |
| Name: | Reason: |
| Name: | Reason: |

**Allergies and Food Sensitivities:**

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Is an auto-injector required? Yes No

**Mobility:** Walks without aids Walks with aids Usually in wheelchair or does not walk

**Form of Communication:** Verbal Non-Verbal Sign-Language

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| If non-verbal, how do they indicate a need: |

**Past Day Activities:** Day Program School Other

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| --- |
| Camps, etc. |
|  |
|  |

**Level of Independence:**

Independent completely Yes No

Can be left alone for short periods of time Yes No

Requires constant supervision Yes No

Requires prompts/reminders Yes No

Will wander Yes No

Able to follow verbal instructions Yes No

Needs hand over hand assistance for manual tasks Yes No

|  |
| --- |
| Additional information to above: |

**Self-Care:**

Toilets themselves independently Yes No

Needs assistance with personal care/toileting Yes No

Able to wash hands Yes No

Able to feed themselves Yes No

Able to dress themselves Yes No

Needs assistance with shoes, boots or outerwear Yes No

|  |
| --- |
| Additional information to above: |

**Literacy Skills:**

Can write own name Yes No

Can write words Yes No

Able to read Yes No

Can identify letters Yes No

Can identify numbers Yes No

Understands money Yes No

Recognize common signs and logos (McDonalds, bathroom signs, etc.) Yes No

|  |
| --- |
| Additional information to above: |

**Behavioral Challenges:**

|  |
| --- |
| Please list clearly and indicate how these challenges can be successfully moderated: |

**Personal Interests:**

* Cooking
* Comp./Internet
* Sports
* Dancing
* Math
* Art
* Reading
* Hiking
* Baking
* Socializing
* Physical Education
* Singing
* Lego
* Movies
* Science
* Coloring
* Music/Instrument
* Crafts
* Animals
* Writing
* Video Games

|  |
| --- |
| Other: |

**Comments:**

|  |
| --- |
| Additional comments which may be helpful to staff: |

How did you hear about us? Website Brochure Other: