Adaptive Dance Class/Camp Intake Form

Student Name: ___________________________ Date: ___________________________

Parent Name(s): ___________________________ Parent Phone Number(s): ___________________________

Caretaker Name(s): ___________________________ Caretaker Phone Number(s): ___________________________

Please list any of the student’s disabilities (physical, developmental, learning, etc.):

Does the student use an assistive mobility device (wheelchair, walker, crutches, etc.)? YES NO
If the student does use a mobility device, is s/he able and/or willing to move out of the device? YES NO
Can Keshet staff assist with moving the student out of their mobility device? YES NO
Are there any special personal care needs that Keshet staff should know about (i.e. bathroom use assistance, eating, etc.)? Please describe:

Does Keshet staff have permission to assist with student’s special care needs? YES NO

Please list any allergies (including food allergies):

Does the student have any other health issues (seizures, diabetes, etc.) that Keshet staff needs to know about?