



## 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, ect.):**

**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, ect.) that Keshet staff needs to know about?**