



Therapeutic Recreation Services of the Roanoke Valley  
**Summer A.C.E. Form**

**MOUSE OVER TO SUBMIT BY EMAIL**  
(or submit to [kaspencer@RoanokeCountyVA.gov](mailto:kaspencer@RoanokeCountyVA.gov))

Please review all information in the ACE brochure before completing this form. Registration is not considered complete unless all forms and deposit accompany this form. ALL NEW participants of ACE must schedule a pre-registration screening interview to determine appropriateness before registration will be considered complete.

PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Residency:      Roanoke County      Roanoke City      Salem      Other: \_\_\_\_\_

What is your/participant's goal for attending ACE? (social, ADLs, physical) Please explain:

\_\_\_\_\_

T-Shirt Size:

Youth Medium      Youth Large      Adult Small      Adult Medium      Adult Large      Adult X-Large

WEEKLY ATTENDANCE REQUESTED

ALL Week      M      Tu      W      Th      F

Week 1: June 6 - 10

Week 2: June 13 - 17

Week 3: June 20 - 24

Week 4: June 27- July 1

Week 5: July 5 - 8

Week 6: July 11 - 15

Week 7: July 18 - 22

Week 8: July 25 - 28

Anticipated drop-off time: \_\_\_\_\_ Anticipated pick-up time: \_\_\_\_\_

Number of weeks requested: \_\_\_\_\_ (\$25 deposit required)

Amount due at registration: \_\_\_\_\_

WEEKLY ATTENDANCE REQUESTED

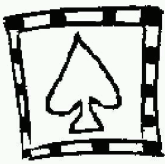
Does participant have a physical disability?      Yes      No

Does participant use:      Wheelchair      Walker      Cane      Crutches      Other

If specialized equipment is used, please list and give instructions for use: (attach additional information if needed)

\_\_\_\_\_

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## HEALTH / MEDICAL HISTORY (CONT'D)

Check areas that apply and explain symptoms, treatments and actions to take:

- Seizure Disorder      Visual Impairment      Hearing Impairment      Asthma      Respiratory Disorders
- Contagious Diseases (HIV, AIDS, Hepatitis)      Communication/Speech Disorder  
(Method of Communication) \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL CARE NEEDS

Check areas that apply and explain assistance needed below:

- Dressing      Toileting      Diapering      Transferring      Feeding      Personal Hygiene

Other: (Please explain) \_\_\_\_\_

Will a medical care provider, or 1:1 staff member be attending camp?      Yes      No

Any staff that will be attending camp with an ACE camper that is not employed with Roanoke County will need to complete a Volunteer Form, Child Protective Services Form, and a complete a Criminal Background Check.

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Agency: \_\_\_\_\_

## MEDICAL ADMINISTRATION

Will medication need to be administered during ACE?      Yes      No

Is assistance needed administering these medications?      Yes      No

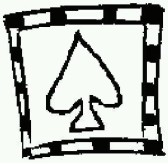
*(If yes, a request for medication administration form must be completed. These forms are enclosed in the ACE Parent Handbook, distributed to parents after their child has been accepted into ACE.)*

## TEACHER RELEASE FORM

What school does your child attend? \_\_\_\_\_

Who is their lead classroom teacher? \_\_\_\_\_ Teacher's Phone Number: \_\_\_\_\_

Can we speak with the teacher regarding your child's needs and IEP goals?      Yes      No



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## EMOTIONAL/SOCIAL/BEHAVIORAL INFORMATION

How does the participant interact in groups?

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What are some favorite activities/interests/hobbies?

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What activities does the participant dislike?

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Please list and explain any activities which the participant should not attempt:

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Is the participant *generally*:

Cooperative    Shy    Competitive    Aggressive    Sensitive    Happy    Angry    Independent

List other behavior characteristics of the participant:

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List areas of frustration of the participant:

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What types of behavior support are used, and which are most effective?

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List some positive reinforcements:

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List any other information which will assist ACE staff while working with the participant

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Does your child have a current behavior plan?    Yes    No

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