

# INCLUSION NOTIFICATION FORM

Western DuPage Special Recreation Association  
116 N. Schmale Rd  
Carol Stream IL 60188  
Phone (630) 681-0962 Fax (630) 681-1262



Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Season: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Park District: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Program Title/Program Number: \_\_\_\_\_

Location of Program: \_\_\_\_\_ Room: \_\_\_\_\_

Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ Staff/Part. Ratio: \_\_\_\_\_

Date Program Begins: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Does Not Meet On: \_\_\_\_\_ Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Class Prerequisites: Yes \_\_\_\_ No \_\_\_\_ Please Specify: \_\_\_\_\_

Equipment/Supplies Needed: \_\_\_\_\_

Please indicate which type of assistance is requested:

Training \_\_\_\_ Observation \_\_\_\_ Additional Staff \_\_\_\_ Modified Equipment \_\_\_\_ Other \_\_\_\_

Are parent(s)/participant aware of WDSRA services? Explain: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Copies of the registration form and copy of program description attached: \_\_\_\_\_

**If you have any questions, please call Tammy Kerrins, Manager of Inclusion**

<b>OFFICE USE ONLY</b>		
<b>Date Received</b> _____	<b>Date Program Information Entered</b> _____	<b>Initials</b> _____
<b>WDSRA Program Number</b> _____	<b>Support Staff Member</b> _____	
<b>Confirmation Sent To: Support Staff</b> _____	<b>Parent/Participant</b> _____	<b>Member District Supervisor</b> _____