

The City of Tempe Adaptive Recreation Presents

LEAP Program

Life Skills Enrichment After School Program

New Participant | Year: _____

What is the LEAP Program?

LEAP is an after school program for Middle School and High School students based in Tempe Schools with Intellectual and Developmental Disabilities. Our program focuses on Recreation, Life Skills, arts and crafts and other interactive programs. All participants need to be successful at a 1:4 ratio with no exceptions.

What is the LEAP Program schedule?

LEAP follows the Tempe Unified District High School schedules.

Our program is Monday– Friday from 2:30-6:30pm allowing us time to support early releases at the Middle and High School levels.

Where is the LEAP Program?

LEAP is housed at the Westside Multi-Generational Center.

715 W 5th St, Tempe, AZ 85281

Crossroads: Roosevelt and 5th Street

How do I pay for the LEAP Program?

One Way: DDD/DES referral from Division of Developmental Disabilities is accepted (DTT hours)

Second Way: Out of pocket: \$50.00 / week

What is the Registration Process for the LEAP Program?

1. Contact Samantha Mason
Samantha_mason@tempe.gov // 480.858.2469
2. Complete all paperwork and email to Samantha Mason at Samantha_mason@tempe.gov with the subject: **LEAP Registration NEW**
Once I receive registration I will reach out for a 1:1 interview.
3. If you are intending to use DDD services, contact your DDD Support Coordinator to request approval for DTT (Day Treatment & Training) hours or to ensure approval would not be an issue. If approved, your Support Coordinator should provide you with a copy of a "Changes in the ISP" document that is to be signed by the student's parent/guardian and Samantha Mason (once approved by Samantha Mason to be registered into LEAP).
4. Once approved to attend the LEAP program and when approval of DDD services has been verified, the student's parent/guardian will need to submit official transportation request documentation to the proper school official. This is provided by the school, not by City of Tempe Adaptive Recreation. If you are unsure of who to contact I would recommend contacting your child's teacher or the Special Education Department Chair at your child's school.



City of Tempe Adaptive Recreation

LEAP Program | Year: _____

Hello my name is...

Participant Information:

Participants First and Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

School Attending: _____

Contact and Parent/Guardian Information

Street Address: _____

Apt/Unit Number: _____

City, State and Zip Code: _____

Parent/Guardian First and Last Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email Address #1: _____

Email Address #2: _____

Email Address #3: _____

Emergency Contact Information

This person would be contacted in the situation the parents/guardians listed above cannot be reached.

Emergency Contact First and Last Name: _____

Cell Phone: _____ Work Number: _____

Approved Pick Up List

Aside from the listed parent/guardian please identify people who are approved to pick up the participant from camp. Please note that identification will be requested at the time of pick up. If any names need to be removed/added please let us know ASAP.

Pick up #1 Name: _____ Relationship: _____

Cell/Primary Contact: _____ Pick Up #3 Name: _____

Relationship: _____ Cell/Primary Contact: _____

Pick Up #2 Name: _____ Relationship: _____

Cell/Primary Contact: _____

Staff Use Only

Date Received: _____

Time Received: _____

Staff Initials: _____

Returning or New

Staff Notes:

LEAP Program Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

LEAP Phone: 480.694.1434

Program Attendance

Please mark the session/s your participant needs to be registered for and the expected daily attendance. Please note that participants are registered based on expectant attendance. Days they are not schedule may be filled by another participant.

Semester One: July—December | Please put the hours your child will be present
Mondays: _____ Tuesdays: _____ Wednesdays: _____ Thursdays: _____
Fridays: _____

Semester Two: January—May | Please put the hours your child will be present
Mondays: _____ Tuesdays: _____ Wednesdays: _____ Thursdays: _____
Fridays: _____ ****Will your child be graduating this year? YES NO**

Are there any planned days you know your participant will not be attendance or therapies that will make them miss their scheduled days at LEAP?

Payment Information

Out of Pocket (cash, credit card or check) Payment is not due when submitting registration but is due 2 weeks before the end of the semester

DDD DTT Hours **[MUST BE FILLED OUT]** application will not be accepted without this infomration

LEAP is contracted with the State of Arizona Division of Developmental Disabilities to use DTT hours. Please contact your support Coordinator to confirm approval of hours. Please note if this isn't filled out registration will NOT be accepted.

DDD Support Coordinator Name: _____
DDD Support Coordinator Phone: _____
DDD Support Coordinator Email: _____

Participant Information

Please fill out the following information regarding the participant to the best of your ability in order to help LEAP staff better understand the wants and needs of the participant. Please attach additional sheets of information if more space is needed.

What is the participants IDD Diagnosis?

If the participant is returning from last year, have there been any important changed that have taken place that the staff should be aware of?

LEAP Program Contact Information:
Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]
LEAP Phone: 480.694.1434

Participant Information [continued]

What kind of classroom environment and support does the participant currently have at school?

Inclusion Class Special Ed 1:4 Class Special Ed 1:3 Class Special Ed 1:2 Class

Other [please explain]: _____

Is the participant known to:

1. Interact well with others? Never Rarely Occasionally Often Regularly

2. Be Cooperative with Peers and Adults?
 Never Rarely Occasionally Often Regularly

3. Express their needs? Never Rarely Occasionally Often Regularly

4. Walk or run away from supervised areas?
 Never Rarely Occasionally Often Regularly

5. Hit or strike others? Never Rarely Occasionally Often Regularly

6. Use foul language? Never Rarely Occasionally Often Regularly

Additional details and information:

Participant Reactions

Please fill this out to the best of your knowledge so we can create the best environment for your participant. Please use this space to describe any strategies, methods of communication, environmental stimulation and other situations that the participant will respond positively or negatively to in order to best help our staff communicate and serve our participants.

Positively responds to:

Negatively responds to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff Notes [for staff use only] :

Participant Activities Interest From

Please mark activities of interest for the participant.

Art & Personal Expression

Arts and Crafts Coloring Drawing Journaling/Writing Painting Physical Art Media

Games

Board Games Card Games Puzzles Outdoor Games Inside Quiet Games

Life Skills

Cooking & Baking Community Trips Money Management Independent Living Skills

Music

Karaoke Listening to Music Musical Instruments Musical Therapy Media

Physical Activities

Dance Exercise Playground Sports Specialized Activities: Yoga, Zumba, Karate

Technology Based Activities

Computers Movies Tablets Video Games

Suggestions and Ideas

If your participant has some ideas they would like to share about other activities they enjoy that are not listed please fill out the space below. New ideas are always welcomed and we love introducing things our participants want to engage in!

Thank you!

Medical Administration

If necessary, medication can be dispensed by the LEAP Program Coordinator or another responsibly designated LEAP staff person with the permission of the camp participant's parent/guardian. Please ensure that the medication provided to LEAP is in the original container and in the correctly designated quantity.

Participants First and Last Name

Participant **WILL** need medication administered at LEAP

Participant will **NOT** need medication administered at LEAP

Medication #1:

Time of day administered

Dosage

Instructions

Other Information

Medication #2:

Time of day administered

Dosage

Instructions

Other Information

Medication #3:

Time of day administered

Dosage

Instructions

Other Information

Medication #4:

Time of day administered

Dosage

Instructions

Other Information

As a parent/guardian, I give permission to the Recreation Coordinator and/or Program Coordinator to administer the above medication[s] as described during LEAP program hours. I fully understand that neither one of these individuals are medical professionals.

_____ Parent/Guardian Name

_____ Signature

_____ Date

LEAP Program Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

LEAP Phone: 480.694.1434

Permissions and Waivers

City of Tempe Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

I have read and clearly understand the statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it on my own free will.

In Case of Emergency

In the case of an emergency, I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for the health and safety of the identified participant:

YES

NO

Name of Preferred hospital, if known

Name of Preferred doctor, if known

Transportation Permission

I give permission for the above named participant to be transported in a vehicle by The City of Tempe during the LEAP Program.

By signing this document, I acknowledge that I understand the Release of Liability and agree to hold harmless and indemnify The City of Tempe Adaptive Recreation, it's directors, officers, employees, agent and volunteers from and against any and all claims of whatsoever kind or nature, which I , my family member or any other person may have for any losses, damages or injuries arising out of or in connection with my program participant riding in a vehicle provided by The City of Tempe Adaptive Recreation.

Signature of Participant [or Parent/Guardian if under 18 or not own guardian]

Date