

# Application for Teen Group

## **Contact Information:**

Teen's name: \_\_\_\_\_ Age: \_\_\_\_\_

Teen's address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Teen's phone number(s): \_\_\_\_\_

Teen's e-mail address (if applicable): \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's address (if different than above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father's phone number(s): \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's address (if different than above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's phone number(s): \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_

School: \_\_\_\_\_ Parish: \_\_\_\_\_

## **Please provide contact information in case of emergency (such as Parent/Guardian/Counselor/Group Home Director):**

Contact name: \_\_\_\_\_ Contact's relationship to teen: \_\_\_\_\_

Contact address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact home phone number: \_\_\_\_\_

Contact cell phone number: \_\_\_\_\_

Contact other phone number: \_\_\_\_\_

**Please provide secondary emergency contact (if available):**

Secondary emergency contact name: \_\_\_\_\_

Secondary emergency contact relationship: \_\_\_\_\_

Secondary emergency contact phone number (best number to be contacted):  
\_\_\_\_\_

**Photographs:**

\_\_\_\_\_ I consent to (parish name's) use of any photographic or video image taken during Teen Group activities for promotional purposes. I understand that the images will not be sold.

\_\_\_\_\_ I DO NOT consent.

**Necessary Information:**

1. What is your teen's primary disability? Secondary?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Medical information (please be descriptive; medicines, give time frames, allergies and all important medical history)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Dietary restrictions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe your teen's communication skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Names of siblings, friends, pets, family that teen enjoys talking about

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What kind of activities does your teen enjoy doing by himself/herself?

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7. What kind of activities may your teen like to participate in with a small group?

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8. What are some areas in which you would like to see your teen grow or develop?

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9. What are some of your teen's strengths?

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10. What is important for those working with your teen to know so that he/she has a fun evening and successfully participates in activities?

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11. What motivates your teen?

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12. What are things that may cause frustration, unhappiness or anxiety for your teen?

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13. What can we do to help calm him or her in times of anxiety or frustration?

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12. What accommodations may your teen need to make the evenings successful?

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14. Other important information that might help us get to know your teen?

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