



# Prince William County Park Authority

## Inclusion Request Form

Name of child \_\_\_\_\_ Age of child \_\_\_\_\_

Name of Parent (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Program wishing to participate in:

Name of Program \_\_\_\_\_

Location \_\_\_\_\_

Dates of program \_\_\_\_\_

Description/Definition of Child's Special Needs

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADD                      | <input type="checkbox"/> Developmental Delay                | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> ADHA                     | <input type="checkbox"/> Diabetic                           | <input type="checkbox"/> Physical Disability   |
| <input type="checkbox"/> ADHD                     | <input type="checkbox"/> Hearing Impairment                 | <input type="checkbox"/> Speech/Language Only  |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Learning Disability                | <input type="checkbox"/> Visual Impairment     |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Mild/Moderate Cognitive Impairment |  |

Additional Comments

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

Type of accommodation being requested

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

Please e-mail this form to Lisa Herr at [lherr@pwcparks.org](mailto:lherr@pwcparks.org) or mail to:

Lisa Herr  
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