



Program Request for Modification

Washington Township RecPlex encourages all individuals to participate in the recreational opportunities of their choice. The RecPlex complies with the American with Disabilities Act (ADA), which prohibits discrimination of programs, services and activities for individuals with disabilities. The RecPlex is committed to providing reasonable accommodations, program modifications, and inclusion services to ensure equal access to all services, programs and activities.

To request an accommodation, please register for the program of your choice, complete this form in full, and submit it along with any important information for the modification request (examples: I.E.P., 504 plan, PBIP, etc.), if applicable to addie.weaver@washingtontwp.org. Requests should be received as soon as possible, but no later than 10 business days prior to the start of the program.

Please print or fill in:

Participant Name: _____ Date of Birth: _____ Age: _____

Child's Address: _____ City: _____ Zip Code: _____

Parent/Guardian (1): _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Parent/Guardian (2): _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Name of Child's School: _____ School Phone: _____

Name of Teacher: _____ Teacher's Email: _____

Program Information (Name of program/location): _____

Week/s attending: _____

What type of accommodation/modification are you requesting? _____

Additional information: _____

I, _____, authorize the teacher of my child, named _____, to release information about my child to the Washington Township RecPlex.

Signed: _____ (Parent/Guardian Signature)

Assessment:

Once we have received this request form, you will likely be contacted so an interview can be arranged. This important step allows us to make a plan to support your participation. You can help by giving the RecPlex team more time. Please REGISTER EARLY and SUBMIT THIS FORM AS SOON AS POSSIBLE.

To make a plan for participation, it may be necessary to meet with you and gather more information. We will do so as quickly as possible and ask for your cooperation in arranging to meet as soon as possible.

Parent/Guardian consent: By signing this form, you agree to provide the necessary information, and to work with the Washington Township staff to develop a written accommodation plan which will be utilized by program staff to provide the most inclusive and positive experience for the above participant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

-----STAFF USE ONLY: -----

Date request received: _____

Request received: _____ at facility _____ online _____ by mail _____ by phone

Name of employee receiving request: _____