# GiGi University Career Development Programs Application

Participant’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female

Shirt size: S M L XL XXL XXXL Pant size: S M L XL XXL XXXL

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Home Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent's Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you want your child to gain from GiGi University Career Development Programs?

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What are your child’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are the areas your child can improve on?

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# ATTENDANCE POLICY

My child’s learning and experience at the GiGi University Program is important to me.   I will ensure that my child attends each and every day of program. I understand that if my child misses three days of program that my spot in the program may be forfeited. I also understand that if my child must miss a day of program, I will contact Jenn Parsons, Program Coordinator, prior to the start of class.

Parent/Legal Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY AGREEMENT

I believe that I, as a parent or caregiver, play a very large role in the development of my child and his/her success.  I will ensure that my child has opportunities to participate, be active, and make healthy choices in the GiGi University Program and at home.   I understand and agree to the following to ensure success;

Please initial each:

\_\_\_\_ To assist with homework as needed & make sure it is complete.

\_\_\_\_ To encourage healthy eating daily and exercise for 30 mins for at least 5 days a week.

\_\_\_\_ To attend (or send a representative) to parent orientation and GiGi University events for my child.

Parent/Legal Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Physician Approval for Physical Activity

GiGi’s Playhouse- Down Syndrome Achievement Centers is a non-profit organization which provides free educational and therapeutic programs for individuals with Down syndrome, their families and the community. The individual mentioned above is applying for participation in a new program for adults with Down syndrome, called GiGi University. GiGi Prep is a 6-week instructional program, focused in development of confidence, health and the whole self. GiGi Perp promotes a healthy lifestyle through nutrition education, physical activity and safety. During participation in GiGi Prep all adult participants are required to exercise for 30 minutes or more, a minimum of three times per week, to prepare their bodies for the demands of employment. Due to the nature of this program, it is imperative that each participant is in a state of health that is conducive to participation in physical activity. As the physician overseeing the health care of the abovementioned individual, your approval for participation in physical activity is requested. For more information, please contact GiGi’s Playhouse at 309-762-7529 or jjparsons@gigisplayhouse.org. Thank you!

**Proposed Physical Activities in GiGi U:**

Upon review, please indicate whether you approve your patient to participate in the preceding activities with GiGi University:

* Brisk Walk Outdoors
* Safe Stretching
* Aerobic Exercise
* Resistance Training
* Elliptical
* Treadmill
* Dance
* Circuit Training
* Yoga

□ I approve my patient participating in the proposed physical activities

□ I do not approve my patient participating in any of the proposed physical activities

□ I approve my patient participating in the proposed physical activities with the following modifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ This individual has (or had surgical correction of) cervical subluxation/atlanto-axial instability and should not participate in activities likely to result in a blow to the head or straining of the neck such as wrestling, diving, gymnastics, tumbling, butterfly stroke, or contact sports.

Physician’s Name (printed or stamped): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Dates/Information**

Wednesday, **September 21**, 2016: Parent/Participant Orientation, 5:30 pm (*dinner included*)

Monday, **October 3**, 2016: GiGi Prep 9:00am – 1:00pm, bring your own healthy lunch

Wednesday, **October 5**, 2016: GiGi Prep 9:00am – 1:00pm, healthy cooking day!

Monday, **October 10**, 2016: No Prep, Playhouse is CLOSED

Wednesday **October 12**, 2016: GiGi Prep 9:00am – 1:00pm, healthy cooking day!

Monday, **October 17**, 2016: GiGi Prep 9:00am – 1:00pm, bring your own healthy lunch

Wednesday **October 19**, 2016: GiGi Prep 9:00am – 1:00pm, healthy cooking day!

Monday, **October 24**, 2016: GiGi Prep 9:00am – 1:00pm, bring your own healthy lunch

Wednesday **October 26**, 2016: GiGi Prep 9:00am – 1:00pm, healthy cooking day!

Monday, **October 31**, 2016: GiGi Prep 9:00am – 1:00pm, bring your own healthy lunch

Wednesday **November 2**, 2016: GiGi Prep No Prep, Playhouse is CLOSED

Monday, **November 7**, 2016: GiGi Prep 9:00am – 1:00pm, bring your own healthy lunch

Wednesday **November 9**, 2016: GiGi Prep 9:00am – 1:00pm, healthy cooking day!

Monday, **November 14**, 2016: GiGi Prep 9:00am – 1:00pm, bring your own healthy lunch

Wednesday **November 16**, 2016: GiGi Prep 9:00am – 1:00pm, healthy cooking day!

**Graduation Day! TBD**