

**Individual Plan Not Needed**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Centre: \_\_\_\_\_

This form is to support my child's diagnosis of:      Asthma      ADHD      Other

If Other:

I acknowledge that:

- I have spoken with the YMCA regarding information provided on the Child Care registration form for my child.
- The information indicated in the *Individual Child Information* section of the Child Care registration form does not require the development of an Individual Plan at this time
- I acknowledge that I am responsible to communicate with the YMCA if it would be appropriate to develop an Individual Plan at a future date.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date