



Board of Developmental
Disabilities Services

2026 Children's Community Integration Registration Form

Name: _____ Age: _____
Address: _____ Apartment #: _____
City: _____ ZIP Code: _____
Phone #: _____ Email: _____

Please note: When entering phone number, please enter the **best number for us to use for reminder calls**.

Please place a checkmark (✓) next to the events and activities that your child would like to attend.
Online registration will be available on the [MCBDDS website](#) effective Friday, January 23.

**Please email forms to [Kathy Duffin](#) OR mail to MCBDDS Community Integration Department,
Northview Center, 8114 North Main Street, Dayton, OH 45415.**



MCBDDS Events

MCBDDS Community Integration staff will NOT be providing support at these events.

EVENT / ACTIVITY	DATE	TIME	LOCATION
MCBDDS Disability Pride Rally	Friday, July 24	11 AM to 12 PM	Cooper Park
MCBDDS Day at the Dragons	Tuesday, August 4	10 AM to 12 PM	Day Air Ballpark
MCBDDS Trunk or Treat	Saturday, October 10	3 PM to 5 PM	Northview
MCBDDS Holiday Magic Show	Saturday, December 5	2:30 p.m. to 4 PM	Northview
MCBDDS Breakfast with Santa	Saturday, December 12	10 AM to 12 PM	Northview

Community Events

MCBDDS Community Integration staff will NOT be providing support at these events.

EVENT/ACTIVITY	DATE	TIME	LOCATION
DD Awareness – Fun Run, Walk & Roll City of Vandalia	Saturday, March 28	10 AM to 12 PM	Vandalia Sports Complex
Signs of Nature: ASL Interpreted Hike Centerville-Washington Park District	Sunday, April 19 Rain Date: Sunday, April 26	1 PM to 2 PM	Bill Yeck Park, McGuffey Meadow
Touch-A-Truck City of Trotwood	Saturday, May 16	12 PM to 2 PM	Madison Park
Movie in the Park City of Trotwood	Friday, June 5	Movie begins at dusk (around 9 PM)	John Wolfe Park
Walk, Run & Resource Fair Dayton Autism Society	Saturday, June 13	Fun Run: 9:30 AM Race: 10 AM	Island MetroPark
BIG Backyard Party Centerville-Washington Park District	Saturday, July 25	11 AM to 2 PM	Oak Grove Park
Touch-A-Truck City of Vandalia	Saturday, September 19	10:30 AM to 1 PM	Vandalia Sports Complex
Adapted Action Day Centerville-Washington Park District	Saturday, October 3	10 AM to 1 PM	Activity Center Park
Trunk or Treat City of Trotwood	Friday, October 17	6 PM to 7:30 PM	Madison Park
Halloween Hangout City of Vandalia	Saturday, October 24	11 AM to 2 PM	Vandalia Sports Complex

RESPITES

RESPITE – Saturday fun days! Multiple activities offered based on the child’s needs and interests. Mark the days that you are interested in; please note: YOU MAY NOT GET EVERYTHING YOU CHECK OFF.

EVENT SELECTION	EVENT / ACTIVITY	DATE	TIME	LOCATION
MARCH				
	AM Respite	March 7	10 AM to 1 PM	Northview
	PM Respite	March 7	2 PM to 5 PM	Northview
APRIL				
	AM Respite	April 25	10 AM to 1 PM	Northview
	PM Respite	April 25	2 PM to 5 PM	Northview
MAY				
	AM Respite	May 2	10 AM to 1 PM	Northview
	PM Respite	May 2	2 PM to 5 PM	Northview
JUNE				
	AM Respite	June 13	10 AM to 1 PM	Northview
	PM Respite	June 13	2 PM to 5 PM	Northview
JULY				
	AM Respite	July 11	10 AM to 1 PM	Northview
	PM Respite	July 11	2 PM to 5 PM	Northview
AUGUST				
	AM Respite	August 29	10 AM to 1 PM	Northview
	PM Respite	August 29	2 PM to 5 PM	Northview
SEPTEMBER				
	AM Respite	September 26	10 AM to 1 PM	Northview
	PM Respite	September 26	2 PM to 5 PM	Northview

Information & Emergency Form
Effective Jan. 1, 2026 to Dec. 31, 2026
All Information Must Be Filled Out!

Date of Birth: _____

Participant's Name: _____ **Age:** _____ **Sex:** _____

Participant's Address: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone#:** _____

Parent/Guardian Name(s): _____

Home Address: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____ **Home Telephone:** (____) _____ - _____

Cell Phone#: (____) _____ - _____ **Email Address:** _____

Independent / Provider Name: _____

Address: _____ **Apt#:** _____ **City:** _____

State: _____ **Zip:** _____ **Main Phone#:** (____) _____ **After-hours#:** (____) _____

Emergency Contact Name: _____ **Phone#:** (____) _____

Participant's Doctor: _____ **Telephone:** (____) _____ - _____

Preferred Hospital: _____

Does the participant have a Behavior Plan? _____ **Participant's Disability:** _____

Physical Disabilities? _____ **If yes, explain:** _____

Seizures? _____ **If yes, explain type and treatment desired:** _____

Medication? _____ **If yes, list name or type, when it is taken, and any side effects:** _____

Allergies (food, medication, etc.): _____

Special dietary needs: _____

List toiletry needs: _____

Other information about the participant that may be helpful: _____

Authorization for Emergency Medical Treatment

In the event of an emergency, I do hereby give permission to the Montgomery Board of DDS Recreation Program to obtain necessary medical treatment for my/our son/daughter that may be necessary to insure the health and well- being of him/her for the **period of January 1, 2026 through December 31, 2026.**

Date

Signature of Parent/Guardian

Acknowledgement of Receipt of HIPAA Notice

I have received information to access the federal Healthcare Insurance Portability and Accountability Act privacy notice from the Montgomery County Board of Developmental Disabilities Services. I am aware this information can be accessed via the agency website at www.mcbdds.org, or I can request a paper copy of the privacy notice from the County Board.

Date

Signature of Parent/Guardian

LIABILITY RELEASE FORMS

Montgomery County Board of DDS - Recreation

I/We agree that the Montgomery County Board of Developmental Disabilities Services, including the Recreation Program and support staff (Recreation Manager/Assistants/Aides), will not be responsible or liable in any way whatsoever as a result of any illness or accident which might be construed to adversely affect the health, safety, or welfare of my/our child/adult, _____, while my/our child/adult is cared for by the Recreation Manager/Assistants/Aides. I/We have fully disclosed to the said Recreation Manager/Assistants/Aides all pertinent facts about my/our child's/adult's needs and problems and acknowledge full responsibility for failure to do so.

For the Period: January 1, 2026 through December 31, 2026

Signature Parent/Guardian

Date _____

***This form must be signed or the staff cannot render services.**

Explanation of Consent for Publication/ Permission to Publish Form



Board of Developmental
Disabilities Services

- The Montgomery County Board of Developmental Disabilities can only publish my name, pictures and video of me or my work, or information about my background if I tell them it's OK and sign their Consent for Publication form.
- I DO NOT have to sign the Board's Consent for Publication form.
- If I DO sign the form, it means I am telling the Board it is OK to share my name, pictures and video of me or my work, or information about my background for advocacy, community awareness, education, news or promotional purposes to help people understand the Board's services and its work, or to help people better understand people with disabilities. This information may be shared with news media outlets and personnel or Montgomery County administration, who may also share it when communicating about Board services.
- If I sign the form, I'm only giving them the OK to share my name, pictures or video of me or my work, or information about my background for a period of one year.
- My picture or information could be used or shared:
 - On Board websites, on blogs or online news sites
 - In an emailed publication like a newspaper, newsletter or annual report
 - On social media sites like Facebook, X, Instagram, LinkedIn and YouTube or others
 - In visual presentations, like PowerPoints, Prezis, displays, posters or signage
 - In printed items, like brochures, reports, flyers and other items
 - In videos shown at meetings, presentations, or posted to the Board's social media channels or website
 - On TV, radio or print news
 - In advertising, including newspapers, TV, radio, social media and billboards
 - In ways not listed here
- If I give my OK, I understand that I will not be paid.
- If I give my OK, I understand that I will not be allowed to approve materials before or after they are published.
- If I change my mind and don't want the Board to use my picture or information anymore, I need to tell a member of the Board's staff **in writing**. I can do this, or my guardian can tell them for me. My guardian or I will need to send an e-mail to the Board at **communityrelations@mcbdds.org** or send a letter in the mail to MCBDDS Communications Team, MCBDDS, 8114 N. Main St., Dayton, OH, 45415, and explain that I no longer want my information to be used or shared.
- If I have questions about this form or how my information is being used, I should contact the MCBDDS Communications Department staff at 937-732-3706 or or 937-776-0866 or by emailing them at communityrelations@mcbdds.org.

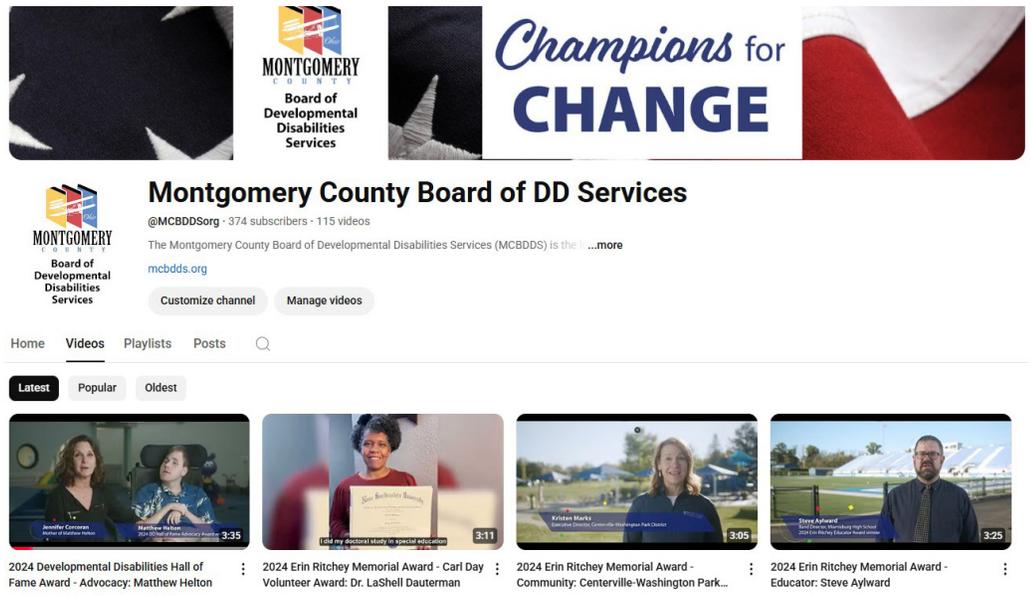
(Please turn over for more)

Some of the Montgomery County Board of Developmental Disabilities' Communications Tools



◀ At left is a picture of the Montgomery County Board of Developmental Disabilities' (MCBDDS) **website**. You can find the site by entering www.mcbdds.org in the address bar on Chrome, Edge, Firefox, Safari or Internet Explorer. The site has built-in accessibility tools; just click the little blue circle with the white man on the lower right-hand side of the page.

▶ At right is a picture of the Montgomery County Board's **YouTube Channel**. This is where the videos that the Board creates are stored. You can find it by visiting <https://www.youtube.com> and entering the term "Montgomery County Board of DD" in the YouTube search bar.



◀ At left is a picture of the Montgomery County Board's **Facebook page**. To get on this page, you must have a Facebook account. Once you set up an account at www.facebook.com, you can find the page by entering "Montgomery County Board of Developmental Disabilities" in the Facebook search bar. If you already have an account, the following link will take you to [our Facebook page](#).