

Application



Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

Current Medical Diagnosis: _____

Caregiver Contact Information

Name: _____

Relationship to Applicant: _____

Phone Number: _____

Alternate Phone Number: _____

Days of Attendance

Please select the days you are interested in attending:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Are you interested in ☐ Full Days ☐ Half Days (up to four hours)

Please list any specific needs or support services required:(eg. Communication, Restroom, Walking, Behavior)

Special Dietary Needs: ☐ No ☐ Yes, Please explain: _____

Activities of Interest:

☐ Cards/Board Game ☐ Music ☐ Exercise ☐ Life Skills ☐ Social Activities ☐ Job Skills ☐ Puzzles

☐ Video Games ☐ Art ☐ Other: _____

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant/Guardian Signature: _____

Date: _____