



Enrollment Form

Fields:

I. General Information

Participant Name		Sex	Age	Birthdate
Home Address	City		State	Zip
Legal Guardian's Name				
Address	City		State	Zip
Work Phone	Cell		Email	
Primary Language in the home:	English	Spanish	Other	
Has Participant attended other day programs?		Yes	No	
How long ago?				
Is the participant attending any other program (therapy, speech, etc.)?		Yes	No	

Participant may be released to the person(s) signing this form or to the following:

Name			
Address	City	State	Zip
Relationship to Participant			
Name			
Address	City	State	Zip
Relationship to Participant			

Participant's Doctor or Clinic

Doctor / Clinic Phone

Last Visit

Are Immunizations up to date?

Yes

No

Does Participant take any medications?

Yes

No

Persons to Contact in case of emergency when Guardian cannot be reached:

Name

Phone

Name

Phone

Name

Phone

II: General Development

Does the participant have a diagnosis? Check all that apply: ADHD

ADHD

Autism Spectrum Disorder

Down's Syndrome

Cognitive Delay

Sensory Impairment

Physical Disability

Developmental Delay

Does the participant have any of the following: Check all that apply

Asthma

Allergies to Medicines

Food Allergies

Seizure

Seasonal Allergies

Other

Does the participant have any verbal limitations?	Yes	No
Does the participant have any physical limitations?	Yes	No

III. Concerns: Check all that apply

Aggression

Attention

Disruption

Hyperactivity

Pica

Depression

Self-Injury

Withdrawn

Somatic (Excessive complaints of physical ailments)

By submitting this form, I attest that the information contained herein is accurate to the best of my knowledge. As legal guardian of my participant, I submit this form on his/her behalf.

Effective date:

Signature: _____
(To be signed at intake)

Please print this document and bring it with you during the Intake process or download it and email it to Susan@SGAdultDayServices.com