



After-School Programs Application
2016-2017

Please the program(s) you are interested in for your child:

Tutoring Play Club Social Skills Brain Training Sibling Club Teen Social Skills

Child's Name: Age:

Parent Name: Preferred Phone:

Email address:

Child's Information

Primary Diagnosis:

Secondary Diagnosis:

Current Educational Placement (circle all that apply):

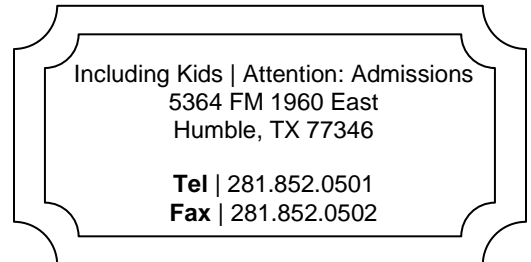
General Education Special Education Home school Daycare Other:

Brief description of child's challenges and reason for interest in selected after-school program:

Three horizontal lines for text entry.

Please return or fax this completed application to:

Today's Date



For office use only

Date received: Date contacted: Initial: