



Application Form

Child's Full Name _____ Preferd to be called _____ Date: _____

Date of Birth _____

Responsible party _____ Best Phone Number _____

Address _____ Email _____

Allergies _____

Medical Considerations _____

Wears glasses / hearing aids / other: _____

What is your child's likes and dislikes:

Are there allergies or other concerns related to your child being around animals (horse, dog, goat, pig, chicken,rabbit) as they are at our clinic ? _____

Optional information:

To help determine social challenges and provide support if needed.

Who lives at home with the attendee? Are there siblings? If so, please list ages, gender, and youngerder _____

To help us determine any other special considerations and if this class is a good fit for your child, please fill out the ALD information sheets included in your application. This information will help us determine what areas of OT your child can benefit from while participating in this class.

Signed

Date

Please return this form to
Carol Powell
440 Central Avenue
Lexington, NC 27292
Email: ExceptionalMe@ot4k.com

OFFICE USE:

Acknowledgement: _____

Release Form medical: _____

Released Form photo/posting: _____

Application Form: _____

Class Accepted for _____ Date of class _____