



Application Form

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

Date of Birth _____

Responsible party _____ Best Phone Number _____

Address _____ Email _____

Allergies _____

Medical Considerations _____

Wears glasses / hearing aids / other: _____

What are 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) when 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 younger and older _____

To help us determine any other special considerations and if this class is a good fit for your child, please fill out the following Activities of Daily Living Caregiver Questionnaire. 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: _____

Release Form photo/posting: _____

Application Form: _____

Class accepted in _____ Date of class _____



Exceptional Me Payment Agreement

These are specialized classes exclusively for homeschooled students which are being offered at a lower rate of \$_____ per week for 2-hour classes for an 8 week commitment with opportunity to continue as Exceptional ME is a year round program.

-\$100 non-refundable deposit to join with balance due before the class begins

[-Click here for link to pay \\$100 deposit](#)

-With prior agreement before paying the non-refundable deposit, Exceptional ME will allow 1 missed class per 8 weeks session prorating the session for 1 missed meeting before final payment.

-Once a group session is paid for, if a student misses a class, a pro-rate or make-up cannot be offered.

-If the Instructor must cancel a class due to unforeseen circumstances or illness, the class will be made up.

-Payment of Deposit is due upon acceptance into the Exceptional ME program. The balance can be paid in full before a group begins or in 2 installments if prior arrangements have been made.

Student _____ Date _____ Parent _____



Please circle the level of assistance that you provide for the client for the following activities

Level of Assist	Independent	Supervision	Min. Assist.	Mod. Assist.	Max Assist.	Total Assist.
FEEDING						
Water Bottle/Baby Bottle <small>(circle one)</small>	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Sippy Cup	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Straw Cup	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Open Cup	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Finger Feeding	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Spoon	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Fork	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
SELF-CARE						
Undressing	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Dressing	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Buttoning	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Zipping	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Attaching Zipper	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Tying Shoes	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Toilet Trained	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Toilet Hygiene	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Bathing	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Showering	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Brush Teeth	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Brush Hair	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Trim Nails	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help
Apply Deodorant	No help at all	Supervision Only	A little help	Some Help	A lot of help	Does not Help

