

Sweet Education Learning Center Application Form

Personal Information:

Child's Full Name: _____

Date of Birth: ____/____/____

Gender:

☐ Female

☐ Male

Parent/Guardian Name(s): _____

Address:

Phone Number: _____

Email Address: _____

Emergency Contact Information

Name: _____

Relationship to Child: _____

Phone Number: _____

Alternate Phone Number: _____

General Medical Information

Full name: _____

DOB: ____/____/____

Allergies: _____

Epipen use:

☐ Yes

☐ No

Any medical conditions that staff needs to be aware of:

Parent/Guardian Signature: _____

Program Information/ Sign Up Form

Program Applying For:

- ☐ Early Intervention Services (18 months to 4 years)
- ☐ Kindergarten to 8th Grade Services
- ☐ 9th grade to 12th grade

Start Date: ____/____/____

Days of Attendance (Check all that apply):

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Preferred Time Slot (If applicable):

- ☐ Toddler time (10am-11am)
- ☐ Toddler time (11am-12pm)
- ☐ Toddler time (12pm-1pm)
- ☐ Toddler time (1pm-2pm)
- ☐ Tutor time (3pm-4pm)
- ☐ Tutor time (4pm-5pm)
- ☐ Tutor time (5pm-6pm)
- ☐ Tutor time (6pm-7pm)

Additional Information

Does your child have any special needs or require any special accommodations? If yes, please explain:

Previous Education/Programs Attended:

How did you hear about Sweet Education Learning Center?

- ☐ Social media
- ☐ Friends or family
- ☐ Ads
- ☐ Other _____

What are your short term and long term goals for your child's upcoming school year?

Any other information you would like us to know about your child:

Early Intervention Services Questionnaire

Section 1: Basic Information

Child's Name: _____

Date of Birth: ____/____/____

Parent/Guardian Name(s): _____

Contact Information: Phone- _____ Email- _____

Address: _____

Primary Language Spoken at Home: _____

Section 2: Developmental History

Was your child born full-term? If not, at how many weeks? _____

Were there any complications during pregnancy or delivery? If yes, please describe.

Has your child experienced any significant illnesses, injuries, or hospitalizations? If yes, please provide details. _____

At what age did your child achieve the following milestones:

- Sitting up: _____
- Crawling: _____
- Walking: _____
- First words: _____
- Sentences: _____

Section 3: Current Developmental Concerns

Do you have any concerns about your child's development in the following areas:

- Speech and Language: Yes / No (If yes, please describe)
- Motor Skills (Fine and Gross): Yes / No (If yes, please describe)
- Social Skills and Interaction: Yes / No (If yes, please describe)
- Cognitive Skills: Yes / No (If yes, please describe)
- Behavior: Yes / No (If yes, please describe)
- Sensory Processing: Yes / No (If yes, please describe)

Section 4: Educational and Social Background

1. Is your child currently enrolled in any early childhood education programs or daycare? If yes, please provide details.

2. How does your child interact with other children and adults?

3. What activities does your child enjoy the most? _____

4. Are there any activities or situations that your child finds particularly challenging or distressing? _____

5. How does your child typically communicate needs and desires?

Section 5: Family History

1. Is there a family history of developmental delays or disabilities? If yes, please provide details. _____

2. Do any siblings have developmental concerns or disabilities? If yes, please provide details. _____

3. Are there any other factors that you believe might be relevant to understanding your child's development? _____

Section 6: Services and Supports

1. Has your child previously received any early intervention services? If yes, please provide details. _____

2. Are there any other professionals currently involved in your child's care (e.g., speech therapist, occupational therapist, pediatrician)? If yes, please provide details.

3. What are your primary goals for your child's development over the next 6 months to a year? _____

Section 7: Additional Information

Is there any other information you would like to share about your child?

Are there any specific concerns or questions you have about the early intervention process? _____

Consent:

Do you consent to your child receiving early intervention services at Sweet Education Center?

- ☐ Yes
- ☐ No

Do you consent to the use of your child's information for the purpose of developing a personalized intervention plan?

- ☐ Yes
- ☐ No

Consent and Agreement

I hereby give my consent for Sweet Education Learning Center to seek emergency medical treatment for my child if necessary.

☐ Yes

☐ No

I have read and agree to the policies and procedures of Sweet Education Learning Center.

☐ Yes

☐ No

Student Name (Print): _____

Parent/Guardian Signature: _____

Date: ____/____/____

Thank you for choosing Sweet Education Center! We're grateful for your support and the opportunity to serve you as a valued client. Thank you for choosing us and for giving us the chance to grow together. Your trust and loyalty are indispensable to our success, and we're committed to providing exceptional products and services in return.