

# Welcome New Student!

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## Student

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ We're just here for today. \_\_\_\_\_ We hope to attend again.

## Parent/Guardian

Parent 1 \_\_\_\_\_ Birthdate \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Birthdate \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

## Care

*Please give us as much information as you are comfortable sharing. This information will only be seen by our ministry staff and volunteers and used to care for your child.*

What are things your child likes to do and to talk about?

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How does your child communicate?

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What behaviors can we expect?

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(continued)

What triggers behavior?

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What is calming for your child?

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Diagnosis \_\_\_\_\_

Food Allergies \_\_\_\_\_

Restroom Needs \_\_\_\_\_

Vision and or Hearing Needs \_\_\_\_\_

Ambulation Needs \_\_\_\_\_

Seizures \_\_\_\_\_

Other Info \_\_\_\_\_

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