



For Office Use Only

Registration Fee \$99.00
 Paid: Yes Date _____
 No

Community Connections *Registration Form*

Date: _____

*Childs First Name: _____
 *Childs Last Name: _____ *Middle Initial: _____
 *Age: _____
 *Date of Birth: ____/____/____
 Diagnosis (if any): _____
 *Allergies or Medical Alerts: _____

Parent/Guardian Information

*Parent/Guardian -
 First/Last Name: _____ Mr. Mrs. Ms.
 * Relationship: Mother Father Legal Guardian
 Street Address: _____
 City: _____
 State: _____ ZIP Code: _____
 Cell Phone: _____ Daytime Phone _____
 Email: _____

*Parent/Guardian - (If applicable)
 First/Last Name: _____ Mr. Mrs. Ms.
 * Relationship: Mother Father Legal Guardian
 Street Address: (If Different) _____
 City: _____
 State: _____ ZIP Code: _____
 Cell Phone: _____ Daytime Phone: _____
 Email: _____

Emergency Contact

1. Name: _____ Phone Number _____
 Relationship to Client: _____

2. Name: _____ Phone Number _____
 Relationship to Client: _____

Attends School? Yes No

Name of School (If Applicable) _____

Program Interest

- | | |
|---|---|
| <input type="checkbox"/> Community Connections | <input type="checkbox"/> Community Connections –Summer Program |
| <input type="checkbox"/> Afterschool Program | <input type="checkbox"/> Personal Support <input type="checkbox"/> Personal Care Assistance |
| <input type="checkbox"/> Day Program | <input type="checkbox"/> Independent Living Coaching <input type="checkbox"/> Respite |
| <input type="checkbox"/> Concierge Support Services | |