



Easter Seals Respite Services Registration Form

Parent/Caregiver Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phones: Home: _____ Cell: _____

E-mail Address: _____

Please complete this information about your child who has a special need or disability who will be attending the in-center event.

Child's First Name: _____ Last Name: _____ Nickname: _____

Gender: Male Female Birthday: _____

School Setting: No School Home School Day care Pre-school
 Elementary Middle/junior high Special Education

Special Needs/Diagnosis: ADHD Autism Behavioral Challenge
 Cancer Cerebral Palsy Down Syndrome Emotional Disability
 Learning Disability Intellectual Disability Other: _____

Details: *What affect has this condition had on your child? Motor skills, communication, personality, behavior*

Child's Allergies: _____

Child's Medications: _____

Child uses assistive device (type) _____ for _____

Key Child Comments: Ex: verbal skills, motor skills, communication skills, personality, eating issues

Has your child participated in group activities before (i.e. through school or another organization)? If so, how did they handle/react to the interaction?

Can your child participate in the activity with a small group (2-3 total) of children?

Does your child have a history of running off? Please explain.

Does your child have any behavioral problems that we should know about? How should we best deal with these concerns?

SOCIALIZATION

Activities that my child enjoys or promotes success:

My child adjusts to new people in the following way and here are some steps/activities to help:

My child transitions to new or different activities in the following way(s):

COMMUNICATION

My child communicates in the following way(s):

The child might “test” you or “push your limits” by _____. What to do if this happens:

These activities typically frustrate/anger/present a challenge to my child:

Please complete this information about any SIBLINGS that will also be attending the respite trip.

Child's First Name: _____ **Last Name:** _____ **Nickname:** _____

Gender: Male Female **Birthday:** _____

School Setting: No School Home School Day care Elementary
 Middle/junior high Special Education

Child's Allergies: _____

Child's Medications: _____

Has your child participated in group activities before (i.e. through school or another organization)? If so, how did they handle/react to the interaction?

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COMMUNICATION

My child communicates in the following way(s):

EMERGENCY INFORMATION

Parent/Caregiver Name: _____

Child name(s): _____

Cell: _____

Please provide us with at least one emergency contact person.

First Name: _____ Last Name: _____

Relation: _____

Phones: home _____ cell _____ alternate _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Child's Primary Physician

First Name: _____ Last Name: _____

Phone: _____

Street Address: _____ Suite # _____

City: _____ State: _____ Zip: _____