

Registration Form

Today's Date: _____ Student's Name: _____

Birthday: _____ School: _____

Grade: _____ Portal: Log in: _____ Password: _____

Student's Cellular: _____ Student's Email: _____

Parent's Name: _____ Parent's Name: _____

Parent's Cellular: _____ Parent's Cellular: _____

Home Phone: _____ Home Phone: _____

Parent's Email: _____ Parent's Email: _____

Home Address: _____ Home Address: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Emergency Contact Person & Phone Number: _____

Medications & Dosages: _____

Does your child have allergic reactions to anything specific? If so please list.

Doctor's Names:

Pediatrician: _____ Phone Number: _____

Neurologist: _____ Phone Number: _____

Psychologist: _____ Phone Number: _____

Testing Date: _____ Evaluator: _____ Copy: _____

Session Information:

Please select the program you are interested in:

Face- to- Face Sessions Virtual Session Hybrid (Scheduled Mixture of Session Types)

Please select the session length you are interested in: 1-hour sessions 2-hour sessions

Please select the days your child will be attending:

Monday Tuesday Wednesday Thursday Friday

Please List Preferred Appointment Times: _____

Registration/ materials fee, due at registration \$175.00 per semester