

Enrolment Form "B" Additional Needs Information

The following questions are to help with the inclusion of children with additional needs at our Centre.

Child's Name: _____ Childs Age: _____

Additional Needs for your child (please tick whichever is appropriate):

Physical: Cerebral Palsy Arthritis Other _____

Medical / Behavioural: ADHD ADD ODD Autism Epilepsy
 Impairment (visual / hearing) Other _____

Please outline any professional agencies currently supporting or working with your child:

Describe any activities that your child should not do or will be restricted by because of health or medical reasons:

Does your child require additional support with daily routines and tasks e.g. eating, toileting? Please specify:

Please provide more information on your child's additional needs to assist our staff in enabling them to include your child in our daily program (e.g. behavior strategies, interests, triggers):

Please describe how your child interacts with others (e.g. managing emotions, social situations, group settings):

Please note that parents will need to review this form every time there is a change to your child's conditions.

Parents/Guardians Name: _____

Signed: _____ Date: _____