



Therapy Center Application After School Group

Student Demographics			
Student name (last, first)			
Date of Birth		Current age:	
Address (street, city state zip)			
Student's Insurance:			
Insurance Plan Name			
Insurance number			
Family Demographics			
Caregiver 1 name:		DOB:	
Caregiver 1 address:			
Caregiver 1 phone		Cell phone:	
Caregiver 1 email:			
Caregiver 2 name:		DOB:	
Caregiver 2 Address:			
Caregiver 2 phone		Cell phone:	
Caregiver 2 email:			
Marital Status:	M S D	Parents with Custody:	
Student lives with:			
Emergency contact name and phone number:			
Medical Information			
Primary Diagnosis/ code: (or N/A)			
Diagnosis by:		Date of diagnosis:	
Date of most recent psychological evaluation:		Doctor name and phone number:	
Date of most recent physical:		Doctor name and phone number:	
Other medical conditions/allergies:			
Behavioral Information			
Primary behavioral concern:			



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Primary communication concern:			
Primary socialization concern:			
Other concerns:			
Independent toileting:	Y N	Independent Eating	Y N
Aggression towards others	Y N	Aggression towards self	Y N
Other services (type, days/times)	SLP:	OT:	PT:
Brief description of student:			
Who can pick up and drop off: (name, relationship, phone number. Please also provide a picture of individual)	1.		
	2.		
	3.		

By Filling out this form you agree to our terms and conditions:

Your Health information is personal and private. Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

Completion of this application does not guarantee a position at the Therapy Center and does not imply any guarantee of services.

Parent/caregiver print name

date

Parent/caregiver signature

date

Additional comments or questions: