

THE 2018 STARS & STRIPES STUDENT INFO FORM

Last Name _____ First Name _____ DOB _____

Address _____ Apt.# _____

2017-18 School year

District _____ School _____ Teacher _____

Program Location Attending (please select one): Brunswick Copley Medina

Parent/Guardian information

1 Name _____ Mother Father Grandparent Other _____

Please check the best # to be reached

Cell (____) _____ Home (____) _____ Work (____) _____ Email _____

Does this person have permission to transport the student?

yes no (if yes, vehicle description) Make _____ Model _____ color _____

2 Name _____ Mother Father Grandparent Other _____

please check the best # to be reached

Cell (____) _____ Home (____) _____ Work (____) _____ Email _____

Does this person have permission to transport the student?

yes no (if yes, vehicle description) Make _____ Model _____ color _____

Emergency contact

1 Name _____ Mother Father Grandparent Other _____

Cell (____) _____ Home (____) _____ Work (____) _____

Does this person have permission to transport the student?

yes no (if yes, vehicle description) Make _____ Model _____ color _____

2 Name _____ Mother Father Grandparent Other _____

Cell (____) _____ Home (____) _____ Work (____) _____

Does this person have permission to transport the student?

yes no (if yes, vehicle description) Make _____ Model _____ color _____

About your Child

We strive to provide an experience that is catered to your child's individual needs. Below, please share with us important details and any relevant information that you feel will help us create an environment for your child to thrive in.

Interests:

Who does your child enjoy being with? (Things to consider: names of siblings, family members, friends, pets, etc.)

What types of activities does your child enjoy? (Things to consider: games, video games, outdoor activities, movies, TV shows, etc.)

(Form continues on the back)

What are your child's strong snack preferences and strong snack dislikes?

Does your child require a special diet and/or have food sensitivities/allergies? yes no (if yes, explain below)

Medical Information

Does your child have heightened sensitivity to sun or heat? yes no (if yes, explain below)

Please list your child's current medications:

Does your child have any allergies to medication? yes no (if yes, list below)

Is your child potty trained? yes no

*** Please Note*** Stars and Stripes does not provide diapers. Please pack diapers with your child daily if your child is not potty trained.

Does your child have a medically diagnosed seizure disorder?

yes no (if **YES** please provide/attach a written seizure protocol with this application)

Please list any durable medical supplies that will be necessary with special instructions (e.g. tube feeds, tracheotomy, etc) if applicable:

Is there any other relevant information that staff should be aware of?

Next Steps

_____ Please initial to acknowledge that you have read the following paragraph:

Please complete and submit this form to your teacher ASAP. Once we have collected all forms, packets will be prepared and mailed to your home. The packets contain more specific info regarding the program such as details related to transportation, weekly themes, helpful tips, and a nametag for your child to wear on day 1. The window between the last day of school and the 1st day of Stars and Stripes is very small. Therefore, please be aware that your packet may not arrive until a few days prior to day 1. **We are unable to send a packet without this completed form.** If you are receiving transportation from your district, you will be contacted by their representative. *All other questions pertaining to Stars and Stripes can be directed to Program Director, Matt Hagge via email: mhagge@llatherapy.org. More info regarding the program can be found at www.llatherapy.org*

