



## **Applicant Information**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

School: \_\_\_\_\_

Parent(s) Name(s):  
\_\_\_\_\_

Address:  
\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Sibling(s) Name(s) and Age(s):  
\_\_\_\_\_  
\_\_\_\_\_