



**CONFIDENTIAL ENROLLMENT
FORMS
One Set of Forms per Child**

Date: _____

SOCIAL SKILLS CLUB PROGRAM APPLICATION

APPLICANT INFORMATION

Full Name: _____

Child's Preferred Name: _____ Date of Birth: _____

Parent/Guardian: _____

Child's Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Please circle one: Male or Female

School Name: _____ Grade: _____

HOUSEHOLD

Place a check mark for each family member living in the household.

- 1. _____ DOB: _____ Relationship: _____
- 2. _____ DOB: _____ Relationship: _____
- 3. _____ DOB: _____ Relationship: _____
- 4. _____ DOB: _____ Relationship: _____
- 5. _____ DOB: _____ Relationship: _____
- 6. _____ DOB: _____ Relationship: _____
- 7. _____ DOB: _____ Relationship: _____
- 8. _____ DOB: _____ Relationship: _____

At The Learning Center of Southwest Iowa we encourage the participant to be brought and picked up by a responsible adult entering the facility each time. We ask that the last 5 minutes of the Program you join us, this will allow us to discuss how you can reiterate the tools discussed in everyday life. We do understand that this is not always possible. If someone else might be picking up your child please list them below, otherwise we cannot release your child.

Name	Relationship	Contact Phone
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Name	Relationship	Contact Phone
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MEDICAL INFORMATION

Diagnosis (this will only be used for TLC Social Skills Club Program needs identification):

{ } ADHD { } Autism Spectrum Disorder { } Aspergers { } Other: _____

Child's Doctor: _____
Name Address City Phone

Child's Dentist: _____
Name Address City Phone

Please list any allergies: _____

Please list any medical issues we should be aware of: _____

Food or Activity Restrictions: _____

Is your child used to interacting: { } With many other people { } With a few close friends/siblings { } Alone

Does your child prefer to interact: { } With many other people { } With a few close friends/siblings { } Alone

Has your child been involved in a Social Skills program before? If so, please explain. _____

What are your child's hobbies, special interests, favorite sports, special abilities, etc.? _____

Is there any special information about your child's habits, moods, traits, or experience that would be helpful to us? _____

What motivates your child to behave positively? _____

What behavior management techniques have you used with your child that are effective? _____

What types of communication does your child use? _____

Please tell us about the struggles your child has with expected behavior? _____

Please tell us your goal in enrolling your child in the TLC Social Skills Club Program? _____

FOR OFFICE USE ONLY:

Date Application Received: _____ Program Fee \$45.00 Received: _____ Class Start Date: _____