



INITIAL INFORMATION SHEET

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

SELECT ALL THAT APPLY:

My child qualifies to attend Adam's Clubhouse because he/she:

- is between the ages of 5-18 years old AND has special needs.
Special Needs includes intellectually or developmentally disabled
- cannot safely be cared for by other daycare facilities.
- currently has an Individual Education Program (IEP).
- had an Individual Education Program within the last 2 years but does not currently.
- currently has a 504 Plan.
- had a 504 Plan within the last 2 years but does not currently.
- currently receives at least one therapy:
 Physical Speech Occupational Behavioral
- currently has one or more life skill below age appropriateness.
i.e.: communicating, eating, personal care
List: _____
- is a sibling of a currently enrolled student at Adam's Clubhouse.
Based on availability with the understanding that if a special needs child is unable to attend because enrollment is full, the sibling will be discharged with at least a 2-week notice.

Provided ONE of above qualifications are met and can be confirmed with documentation, applicants will be admitted on a "first come, first served" basis with the exception that priority will be given to children that are intellectually or developmentally disabled before consideration will be given to a sibling of a currently enrolled child (as addressed in the Bylaws of Adam's Clubhouse – Quality Care For Special Needs Children, Inc., Article II. Corporate Purpose).

Contact Person: _____ Relationship to child: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Preferred method of contact: Phone Email US Mail

Need childcare to begin: _____ Today's Date: _____