



Child Information Form

Child's Name: _____ Nickname: _____ DOB: _____

Parents: _____ Others Living at Home: _____

Home Address: _____

Home Phone: _____ E-mail Address: _____

Mom Cell Phone: _____ Mom Work Phone: _____

Dad Cell Phone: _____ Dad Work Phone: _____

Emergency Person: _____ Phone: _____

Emergency Person: _____ Phone: _____

Pets (names): _____ Language(s) in the home: _____

Ear Tubes: Yes/No Ear Infections: Yes/No Medications: _____

Allergies/Restrictions (food, medical, physical): _____

Special Equipment Needs: _____

Toilet trained: Yes/No Health Concerns: _____

Previous School Experiences/Placements: _____

Medical/Educational Diagnoses: _____

Current School Placement and Services: _____

Who referred you? _____

What do you hope to accomplish here? _____

Home School: _____ Disability: _____

Days attending Enrichment Program: AM: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

PM: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Before/After Care: YES NO: _____

Other programs attending: Art: Sensory/Fine Motor/Language ____, Motor/Language ____,

Social/Language Group: 2 yr. old ____, 3-6 yr. old ____, 7-10 yr. old ____, Middle/High School _____

Speech /Language Services: ____ Occupational Therapy Services: ____ Summer Programs: _____

Registration Fee Paid: Check No. _____ Cash _____ Waived _____

I hereby enroll my child at the Cisco Center and agree to abide by its policies.

Parent/Guardian: _____ Date: _____

Serving families and children with special needs.

Cisco Center, 350 Baltimore Annapolis Blvd., Severna Park, MD 21146

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