

**St. John Community Health's
Kids On The Go
Summer Application**

Child's name: _____ Date of Birth: _____

Parent's name(s): _____

Address: _____

_____, MI _____

Phone:() _____ work() _____ cell() _____

Email address: _____

Referring Physician: _____ Phone:() _____

Child's School: _____

Is your child toilet trained? YES NO

The last IEPT determines your child to be (Please check appropriate box)

___ Speech and Language Impairment

___ Mild Cognitive Impaired

___ Early Childhood Developmentally Delayed

___ Moderately Cognitive Impaired

___ Physically Impaired

___ Severely Cognitive Impaired

___ Otherwise Health Impaired

___ Early Childhood Special Education Program

___ Autism Spectrum Disorder

___ Other _____

(Continue on back)

Last Name: _____

What are your goals for your child?

What are some tips or suggestions that you can give us about your child that will best facilitate progress? (i.e. My child uses both speech and sign language to communicate, bathroom schedule)

Does your child have any known food allergies or sensitivities? YES NO
If yes, please fill out allergy sheet and return with picture.

What are your child's likes/dislikes?

Can your child sit/stand unsupported?

Can your child attend to a group?

Is there anything else we should know about your child?

Please list any days that your child will be absent:

Note: Please send a bag/backpack with your child that includes a change of clothes, special snacks (i.e. gluten free), any special feeding or drinking devices.