**JOY Registration Form**

**Child’s Name:** Click or tap here to enter text. **Date** Click or tap here to enter text. **Birthdate:** Click or tap here to enter text. **Parent(s) Name:** Click or tap here to enter text. **Address:** Click or tap here to enter text.Click or tap here to enter text. **Contact Information:** Click or tap here to enter text. **(home phone)** Click or tap here to enter text. **(cell phone{s})** Click or tap here to enter text.

**We are looking forward to getting to know and working with your child in Learning Center! The following questions will help us best serve your child and get to know them better so that they will have a positive experience.**

**Please tell us about your child. What are their interests and joys?** Click or tap here to enter text.

**What are your child’s strengths?** Click or tap here to enter text.

**How would you best describe your child’s personality?** Click or tap here to enter text.

**What makes them smile, gives them joy** Click or tap here to enter text.

**What frustrates them the most?** Click or tap here to enter text.

**Communication**

**Is your child verbal and are they able to communicate wants and needs?** Click or tap here to enter text.

**Are there alternative methods of communication or equipment that your child uses to facilitate communication, i.e. sign, PECS?** Click or tap here to enter text.

**If they have a limited vocabulary, please list:** Click or tap here to enter text.

**Learning**

**What are your goals for your child in Learning Center?** Click or tap here to enter text.

**Does your child attend school?** Click or tap here to enter text.

**What grade are they currently in?** Click or tap here to enter text. **What school do they attend?** Click or tap here to enter text. **What is the setting of your child’s daily school program – inclusion or other? (if “other”, please provide a brief description.)** Click or tap here to enter text. **How does your child work in a classroom of peers?** Click or tap here to enter text.

**Are they able to sit and attend/learn for periods of time?** Click or tap here to enter text. **How long at this point?** Click or tap here to enter text. **Can they read and write?** Click or tap here to enter text. **Do they enjoy using pencils or crayons?** Click or tap here to enter text. **What are their favorite books to read or be read to?** Click or tap here to enter text. **What is your child’s learning style – how do they best learn or enjoy learning?** Click or tap here to enter text.

**Personal Hygiene**

**Is your child toilet trained?** Click or tap here to enter text. **Does your child need prompting to use the bathroom away from home?** Click or tap here to enter text. **How does your child communicate the need to use the bathroom?** Click or tap here to enter text. **Do we have permission to assist your child with toileting if needed?** Click or tap here to enter text.

**Sensory**

**Are there any sensory issues related to clothing, i.e. doesn’t like to wear shoes, etc.? Please list.**Click or tap here to enter text.

**Are there any sensory stimulating items your child likes?** Click or tap here to enter text.

**Are there any items that should be avoided?** Click or tap here to enter text.

**Diet/Health**

**Does your child have any health challenges?** Click or tap here to enter text.

**Is your child on any medication? Does this cause any side effects we might need to know about?** Click or tap here to enter text.

**Does your child have any dietary restrictions? If so, what are they?** Click or tap here to enter text.

**Are there any health issues that would necessitate that we contact you immediately?** Click or tap here to enter text. **If yes, please explain** Click or tap here to enter text.

**Behavior**

**In the area of behavior, what challenges are you experiencing?** Click or tap here to enter text.

**What goals are you currently working on?** Click or tap here to enter text.

**What is working for you at home?** Click or tap here to enter text.

**What motivates your child?** Click or tap here to enter text.

**We look forward to teaming with you and your child. Please share any additional information or tips that will be helpful in interacting with and teaching your child.**

Click or tap here to enter text.

***NOTE: Please supply us with a picture of your child.***