



**Child Registration Addendum (to accompany an Enrollment Form)**

**Child's Name** \_\_\_\_\_

**Diagnosis/Disability** \_\_\_\_\_

**Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Medical:**  Seizures  Allergies  Breathing problems  Heart problems  
 Diabetes  Physical limitations  Other \_\_\_\_\_

**Behavioral:**  Developmental Delay  Autism  ADHD  Sensory Processing Disorder  
 Anxiety  Other \_\_\_\_\_

**Communication:**  Verbal  Sign Language  Technology  Picture cards

**Toileting:**  Independent  Diapers  Needs help

**Snacks:**  None  Only snacks we send  Routine snacks and drinks are OK

**Favorite Activities:**  Music/Dancing  Headphones  Video  Coloring  Reading  
 Being Held/Rocked

**Reaction when upset:**  Quiet  Crying  Screaming  Combative  Runs  
 Other \_\_\_\_\_

**How to calm your Child:**  Being held  Quiet room  Music  Weighted Blanket  Parent  
 Other \_\_\_\_\_

**Who would be the best Buddy?**  Family Member  Friend  Healthcare worker  
 Trained Adult  Trained Peer (adolescent or teen)

**Parent Concerns:**