ABILITY KC MARY SHAW BRANTON THERAPEUTIC PRESCHOOL

Enrollment Information

CHILD'S INFORMATION

First Name: _____ Last Name: _____

Date of Birth (Day, Month, Year): _____ Age: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Parent/Guardian Name: _____

Phone: (_____) _____ Alt Phone: (_____) _____

Parent/Guardian Name: _____

Phone: (_____) _____ Alt Phone: (_____) _____

I am interested in the following service(s) for my child:

Preschool:

- ☐ +3 years old
- ☐ 1-2 years old
- ☐ Home Based Education (1-2 years old)

Therapy Services:

- ☐ Applied Behavior Analysis (ABA)
- ☐ Aquatic Therapy
- ☐ Assistive Communication Technology
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy

INSURANCE INFORMATION

What best describes your current insurance?

☐ Private Insurance _____ ☐ Medicaid ☐ Other: _____

Name of Cardholder: _____ Cardholder DOB: _____

Member ID #: _____ Group #: _____ Customer Service Phone: _____

If you have Medicaid, please list the type of plan: _____ Medicaid ID #: _____

YOUR CHILD'S HEALTH INFORMATION

Does your child have any special needs? ☐ Yes ☐ No *If yes, please list their diagnosis*:

_____

Please list any allergies or medical concerns you have about your child:

_____

Please list your child's special medical needs or medications:

_____

Pediatrician's Name: _____ Phone Number: (_____) _____

Has your child been seen by this pediatrician in the past 12 months? ☐ Yes ☐ No

For questions about enrollment or to submit a completed enrollment form, please contact Kerri Perks at kerri.perks@abilitykc.org

YOUR CHILD'S HEALTH INFORMATION (continued)

Does your child receive therapy? ☐ Yes ☐ No

Therapist's Name: _____ Phone Number: (_____) _____

Please describe any past or current therapies your child has participated in:

_____

_____

Has your child ever used assistive communication technology? ☐ Yes ☐ No

Do you think your child would benefit from the use of assistive communication technology? ☐ Yes ☐ No

If yes, please describe your child's current communication skills:

_____

Do you have any feeding or swallowing concerns for your child? ☐ Yes ☐ No

If yes, please describe your concerns:

_____

Do you have any sensory or behavioral concerns? ☐ Yes ☐ No

If yes, please describe your concerns:

_____

Do you have any fine or gross motor concerns for your child? ☐ Yes ☐ No

If yes, please describe your concerns or any mobility aids needed, i.e. wheelchair, walker, braces, etc.):

_____

Please list any other information you would like us to know about your child's health:

_____

_____

YOUR CHILD'S EDUCATION EXPERIENCE

Your school district: _____

Is your child receiving therapy services in your school district? ☐ Yes ☐ No

If yes, please describe the services they are receiving: _____

My child has an: ☐ IEP ☐ IFSP ☐ NA

Please describe your child's educational experience in other preschool or child care settings and their typical interactions with other children:

_____

_____

How did you hear about Ability KC?

- ☐ Ability KC Employee
- ☐ Children's Mercy Hospital
- ☐ First Steps
- ☐ Friend
- ☐ Head Start
- ☐ Infant/Toddler Services (Kansas)
- ☐ Kansas City Regional Center
- ☐ Pediatrician
- ☐ School District
- ☐ Social Media (Facebook, Instagram, Twitter, YouTube)
- ☐ Web Search
- ☐ Other _____

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