



Student Intake Form

First Name: _____

Last Name: _____

Age: _____ Gender: _____

Areas for Growth:

Please select no more than two areas in which you desire your child to grow/ improve

- body strength & coordination
- sensory processing
- play & imagination
- problem-solving/ perseverance
- social skills
- emotion regulation
- attention & direction-following
- nature appreciation

Describe Your Child:

In a few words, describe your child's personality

Medical Conditions, Allergies, Food Restrictions:

Contact Information:

Parent's Name: _____

Phone Number: _____

E-mail: _____

Alternate Emergency Contact:

Name: _____

Relation: _____

Phone Number: _____