



Application for ASD Early Intervention Class 2018-2019

Child's Name: _____

Male

Female

Date of Birth: ____ / ____ / ____

P.P.S. Number: _____

Parents / Guardians:

Name: 1) _____ 2) _____

Address: _____

Phone No: 1) _____ 2) _____

Does your child have a diagnosis of Autism? Yes No

Does your child have an additional disability / development delay / cognitive delay / Yes No

If so, does it fall within the mild range or above?

I have read and understood the attached Admissions Policy.

Signed: _____

Relationship to child: _____

Date: ____ / ____ / ____



For Office use only:

Date of receipt of completed application form: ____ / ____ / ____

