

Sunshine Before and After School Care Programs

Part II- Application: Special Needs Pre-Enrollment Form

THIS FORM MUST BE COMPLETED IF YOUR CHILD HAS ANY SPECIAL NEEDS OR HAS A MEDICAL CONDITION THAT MAY REQUIRE SPECIAL ACCOMMODATIONS OR SMALL GROUP RATIOS IN OUR BEFORE/AFTER CARE PROGRAMS. IF YOU HAVE MORE THAN ONE CHILD WITH SPECIAL NEEDS OR MEDICAL CONCERNS, PLEASE DUPLICATE THIS FORM AND DO A SEPARATE APPLICATION FOR EACH CHILD. ONCE COMPLETED, PLEASE EMAIL THIS FORM TO MARISA LIONA AT MARISA@SUNSHINEFL.COM

Student's Name: _____ Original Date Completed: _____

School Location: _____

Parent/Guardian's Name: _____

Best Contact #: _____ Email Address: _____

Is your child in an ESE or CLUSTER program during the regular school day? Y N

CLUSTER CLASS PRE-K ___ AUTISTIC CLUSTER ___ BEHAVIORAL CONCERNS: ___ OTHER: _____

IF ACAMEDIC PURPOSES ONLY (SPEECH, PULL OUTS FROM CLASS, GIFTED, ESOL)

– STOP HERE –

NO NEED TO COPMLETE THIS FORM

Does your child have any serious MEDICAL / ALLERGY concerns? Y N

If yes, please explain in detail:

Can your child be included in a regular 1:20 staff to child ratio? Y N

If not, please explain:

Toileting Needs: Independent Y N

Needs Assistance Y N

Diapered Y N

Is your child able to communicate their needs? Y N

Does your child have any serious behavioral concerns? Y N

Will your child run away from the group? Y N

Is your child aggressive towards others? Y N

Does your child respond to one-step directions? Y N

If yes to any of the above, please explain: