

Child's Full Name _____

Date: _____

Montgomery Methodist Children's Center's program for children ages 2, 3, and 4, admits children of any race, color, national or ethnic origin. **Parents of children with special needs must discuss the child's needs with the Director before enrolling in the program.** Montgomery Methodist Children's Center attempts to include children with special needs and/or medical conditions and will support the child with reasonable accommodations. Montgomery Methodist Children's Center will work to meet the goals and accommodations of the provisions of an individual Education Plan (IEP) or Individual Family Service Plan (IFSP).

*****Please tell us about any of your child's special needs or conditions: If none, circle "no".**

MEDICAL

**** Diagnosed Allergies?** NO YES

If yes, list any food, environmental and/or medication allergies and indicate the severity of each.

Does your child need an epi-pen? NO YES

**** Asthma?** NO YES

If yes, does your child use an inhaler, nebulizer or other medications to control the asthma? _____

Would medication need to be administered at school? NO YES If yes, please explain.

**** Please explain any other Medical Conditions:**

Please list any and all over-the-counter and/or prescription drugs taken regularly. _____

Would medication need to be administered at school? NO YES If yes, please explain.

DEVELOPMENTAL

****Is your child receiving services from Infants and Toddlers or Child Find or other evaluative or special education or related services?** NO YES

If yes, what are the specific services that your child is receiving?

****Does your child have delayed speech or other language problems?** NO YES

If yes, explain.

****What special accommodations (physical or behavioral) would be necessary for your child?**

I certify that the information on this application is correct to the best of my knowledge.

Parent/Guardian Signature

Date