



Special L.I.N.K.S. Registration Form

www.speciallinks.org – speciallinks@att.net

720-394-2831 or 720-301-2119

The Special L.I.N.K.S. Learning Center admits students of any race, ethnicity, gender expression, sexual orientation, socio-economic background, age, religion, body shape, size and ability.

Student Information

Last Name _____ First Name _____ MI _____

DOB ___/___/___ Age _____ Grade _____

Household Information

Parents/Guardians who reside with student:

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

E-mail _____ E-mail _____

Parents/Guardians who reside at a different address

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

E-mail _____ E-mail _____

*Is there a court order restricting this parent/guardian's access to the student?
Yes / No (If yes, a copy of the court order must be provided.)

Call Order: 1. _____ 2. _____ 3. _____

Sibling's Names & DOB: _____

Emergency Contacts

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

Health Information

Medical Diagnosis: _____

Is your child on an IEP or IFSP? _____

Private Insurance: Yes / No Medicaid: Yes / No # _____

Doctor's Name: _____ Phone: _____

Does your child use any of the following:

Glasses: Yes / No Hearing Aids: Yes / No Wheelchair: Yes / No

Walker: Yes / No Stander: Yes / No White Cane: Yes / No

Does your child have any food restrictions or special dietary needs? Yes / No

Does your child take any medications? Yes / No

Does your child need to take any medications during program hours? Yes / No

Does your child have any allergies? Yes / No

Please list any additional health concerns:

Is your child toilet trained? Yes / No

Signature Information

Permission to attend program community outings/field trips

Yes / No

Permission to apply or have applied personal sunscreen brought from home

Yes / No

Permission to have your child's picture and/or video taken for program purposes and/or publication

Yes / No

Permission to occasionally watch 'G' and/or 'PG' rated movies for unit/curriculum related purposes

Yes / No

Signature _____

Date _____