

Children's Charities, inc Child Application

Date _____

Child's Name _____ Male _____ Female _____

Date of Birth _____ Grade _____ Age _____ Lives with _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone: Home (____) _____ Work (____) _____

Parent Email _____

Mother's Name _____

Best Mom Contact Info _____

Mom's Employer _____ Education Level ___ HS ___ Col ___ Grad

Father's Name _____

Best Dad Contact Info _____

Dad's Employer _____ Education Level ___ HS ___ Col ___ Grad

Name of School _____ City _____

Handedness: ___ Left ___ Right Writes name? ___ Yes ___ No

Understand words? ___ Yes ___ No Understands questions? ___ Yes ___ No

Follows Directions? ___ Yes ___ No Do others understand child's speech? ___ Yes ___ No

Other problems, including medical? ___ Yes ___ No If yes, what are they? _____

Is English the child's primary language? ___ Yes ___ No If no, what is? _____

Eye exam date _____ Results _____ Hearing exam date _____ Results _____

Any behavioral problems in school? ___ Yes ___ No If yes, what are they? _____

History of learning problems in family? ___ Yes ___ No If yes, what are they? _____

Describe your child's learning problem(s) _____

How did you hear of us? _____

Siblings/Ages _____

Interest's _____

Has child been evaluated? ___ Yes ___ No If yes, please send copy of evaluation.

PARENT AUTHORIZATIONS:

TRIAL BASIS: I understand that my child is accepted for services on a trial basis to ensure the program is an appropriate match for my child's needs, and may be dismissed from services if it is decided the program is not a good match. _____Parent Initial

ATTENDANCE: I understand and agree to have my child at lessons consistently and regularly to improve progress. If my child is unable to attend regularly or is frequently late, I will be expected to pay for scheduled services or lessons may be ended. _____Parent Initial

RELEASE OF INFORMATION: I understand that information I have provided as part of the application process or collected as part of the services provided may be used for research, and I give my consent for it to be used. My child's last name will not be used, and data will be confidential. _____Parent Initial

PHOTOGRAPHS AND VIDEOTAPING: I understand that photographs and videos of my child may be collected and used to monitor lessons as well as for marketing and promotional purposes. I give permission to edit, alter, copy, exhibit, publish, distribute, and use any photos, videos, interviews, or personal information. _____Parent Initial

OBSERVATIONS: I understand that on occasion lessons may be observed by others to teach about services and instruction offered. _____Parent Initial

LOCATION OF SERVICES: I understand that lessons will be provided via Zoom or at an agreed upon location for in-person instruction. _____Parent Initial

PAYMENT OF SERVICES: I understand that lessons will be provided on a regular and consistent basis with my child. Each lesson will consist of a minimum of 50 minutes and provided two days per week. While there is no required financial fee for each lesson, I understand and agree to volunteer in funding efforts, provide personal or solicited donations, and promote CCI events and activities. _____Parent Initial

I understand and agree to the information as initialed above and signed below. I am engaging my child in these services voluntarily and release the provider of all personal and professional liabilities. I release the provider from any claims or demands that may be made during the participation of lessons, activities, or services. I understand that instructional services do not guarantee academic success.

(Parent Signature)

(Date)