



11107 Wurzbach Rd., Ste. 203
San Antonio, TX 78230
210.262.1230

For Office Use Only:
Date Received: _____
Date of Admission: _____

Date: _____

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____

Student's Home Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Student's School/District: _____

Diagnosis: _____

PARENT INFORMATION

Mother's Name: _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Mother's Place of Work: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Father's Place of Work _____ Work Phone: _____

Child Lives With (Circle One): Mother Father Both Parents Other: _____

EMERGENCY CONTACT INFORMATION

NAME OF PERSON TO CALL IN CASE OF EMERGENCY IF PARENT(S) CANNOT BE REACHED

Name: _____ Relationship: _____

Phone: _____ Address: _____

I hereby authorize the Eva's Heroes Enrichment Center staff to allow my child to be released from Eva's Heroes Enrichment Center to the following people:

Mother: _____ Father: _____

Other: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Student's Physician: _____ Phone: _____

Physician's Address: _____

Student's Weight: _____ Student's Height: _____

Hospital Preference: _____

List all medication prescribed include the dosage:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

It is my understanding that if there are any changes to my child's medications I will inform the Eva's Heroes Enrichment Center staff as soon as possible in writing.

Parent Signature Date

Toilet Trained: _____ Schedule: _____ Needs Diapering: _____

Ambulatory: _____ Uses Walker: _____ Uses Wheelchair: _____

Eats Independently: _____ Needs Assistance: _____ Tube Fed: _____

Primary Means of Communication: _____

Supportive or Adaptive Devices Used While in Care at Eva's Heroes Enrichment Center: _____

Special Dietary/Nutritional Needs: _____

Other Pertinent Information (i.e. allergies to food, medications, insect bites, existing illness, previous serious illness, injuries, hospitalizations within the past 12 months, special instructions and favorite activities.)

If my child exhibits aggressive/uncontrollable behavior (i.e. hitting, scratching, biting, etc.), I give permission for the Eva's Heroes Enrichment Center staff to passively restrain him/her and/or use "time out" for 2-5 minute intervals (not to exceed 15 minutes total), until the behavior is under control. I understand that I will be notified if my child exhibits ongoing disruptive behavior and I (or the designated person) will pick up my child that day (as soon as possible) from Eva's Heroes Enrichment Center.

Parent Signature Date

Challenging Behaviors: _____

Is there a Behavior Intervention Plan in place (Circle One): Yes No (If yes, please include a copy.)

Please answer the following questions to help the Eva's Heroes Enrichment Center better serve your child.

1. Does your child display cruelty, bullying, or meanness to others?

2. Does your child destroy things belonging to self or others?

3. Does or has your child physically attacked others?

4. Does your child easily get angry or temperamental?

5. Does your child swear or use obscene language?

6. During a behavior or when necessary, is your child easily redirected?

7. Does your child made derogatory remarks about others?

8. Will your child enjoy indoor activities?

9. Does your child dislike large crowds?

10. On warm days, would your child enjoy water activities?

11. Is your child sensitive to the sun?

12. Does your child wander off from you or school staff?

13. Is time-out a successful disciplinary tool for your child?

14. Does your child enjoy painting activities or coloring activities?

15. Does your child have difficulty falling asleep or napping at school?

17. Does your child prefer to be alone than be with others?

18. Does your child slap, hit, or bite self in an attempt to injure self?

19. Does your child use gestures instead of speech or signs to obtain objects?

20. Does your child do certain things repetitively or ritualistically?

21. Does your child become upset when routine is changed?



PAYMENT INFORMATION

Payment Method (Circle One): Cash Check Credit Card

Name on Check: _____ Check #: _____ Check Amount: _____

(Circle One): Mastercard Visa American Express

Name on Credit Card: _____ Credit Card #: _____ Exp. Date: _____

Amount Charged to Credit Card: _____ Signature: _____

PERMISSION SIGNATURES

MEDICAL PERMISSION

In the event that I cannot be reached to authorize medical attention for my child, _____, I authorize a representative of the Eva's Heroes Enrichment Center (EHEC) to seek medical attention and grant medical staff permission to treat my child. I will not hold the Eva's Heroes Enrichment Center or the Eva's Heroes Enrichment Center staff liable for any accidental injury incurred by my child during the EHEC program hours.

Parent Signature

Date

TRANSPORTATION PERMISSION

The Eva's Heroes Enrichment Center staff has my permission to transport my child to and from the center on excursions or other planned field trips. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

Parent Signature

Date

WATER ACTIVITIES

The Eva's Heroes Enrichment Center staff has my permission for my child to participate in water activities. I understand that reasonable precautions will be taken to ensure the safety and health of my child.

Parent Signature

Date

PHOTO RELEASE

I give permission for photographs or video of my child to be used by the Eva's Heroes Enrichment Center to portray and/or promote EHEC activities. In no way will my child be exploited by the use of such photographs or videos.

Parent Signature

Date