



Enrollment Form for 2011-2012

___ Level One Language Preschool M/W/F 9:30 – 12:30 p.m.

___ Level Two Language Preschool M/W/F 9:30 – 1:30 p.m.

Student's Name: _____ Birthday: ___/___/___

Address: _____ City: _____ State: ___ ZIP _____

Home Phone: _____ Male ___ Female ___

Mom's Cell/Work #: _____ Dad's Cell/Work # _____

Mom's Email: _____

Dad's Email: _____

Father's Name: _____

Address if Different from Student's: _____

Place of Employment: _____

Mother's Name: _____

Address if Different from Student's: _____

Place of Employment: _____

Student resides with: _____

Legal Custody: ___ Both Parents ___ Father ___ Mother ___ Other

Primary Caregiver of Student in non-school hours? _____

Name and Age of Siblings: _____

What School District do you live in? _____

Is your child receiving any educational services from your school district? Is so, please describe: _____

Have you participated in an ARD meeting with your school district? _____

If yes, please explain what services were recommended: _____

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Child's Audiological History:

Diagnosis of Hearing Loss or Cause, if Known: _____

Degree of Loss:	Right Ear:	Normal	Mild	Moderate	Severe	Profound
	Left Ear:	Normal	Mild	Moderate	Severe	Profound

Did they pass the newborn hearing screening? Yes or No (if no, briefly explain what your were told)

What age was the child identified: ____ / ____ / ____ Age of Amplification: ____ / ____ / ____

What amplification device(s) are being used? _____ Brand: _____

Activation date(s) Hearing Aides: ____ / ____ / ____

1st CI Left or Right: ____ / ____ / ____ 2nd CI Left or Right: ____ / ____ / ____

How many hours a day do they use their amplification device? _____

Agencies, Clinics or doctors you have seen (Name and phone numbers)

Pediatrician: _____

ENT: _____

Audiologist: _____

ECI: _____

Speech Therapist: _____

Other: _____

Any deaf family members? _____ Other languages used in the family: _____

Was the birth normal? Yes : _____ No: ____ If No, please describe: _____

What illnesses has your child had since birth and when did they occur? _____

If your child is an implant user were there any surgical or post-surgical complications with your child's implantation? _____

List of any other handicaps: _____

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Other information or concerns: