



568 Communipaw Ave.
Jersey City, NJ 07304
(T)201.309.0198
LM4SDJC@gmail.com
www.LM4SD.com

CLASS REGISTRATION FORM



Which specialty CLASSES are you currently seeking for your child? (Please check all that apply)

- Social Skills
- Baby Sign Language & Speech
- Tummy Time
- Picky Eating
- Handwriting
- Music & Movement

Which specialty SERVICES are you currently seeking for your child? (Please check all that apply)

- Occupational Therapy
- Speech Therapy
- ABA Therapy
- Music Therapy

Child's Full Name (Last, First): _____

Date of Birth: ___/___/___ Age: ___ Sex: F M

Parent/Guardian Name: (Mr./Ms./Miss) _____

Home Address: _____

Primary Contact#: (____) _____ - _____

Please Circle: (Home/Work/Cell)

Email: _____

Secondary Contact: (____) _____ - _____

Please Circle: (Home/Work/Cell)

Email: _____



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CLIENT INFORMATION & PARENT QUESTIONNAIRE

Please provide us with the following information so we can best serve your family.

Child's Full Name (Last, First): _____

Date of Birth: ___/___/___ Age: ___ Sex: F M

Parent/Guardian Name: (Mr./Ms./Miss) _____
(Mr./Ms./Miss) _____

Marital Status: _____ Language(s) Spoken: _____

Sibling Names: _____

Home Address: _____

Primary Contact#: (____)____-____ Secondary Contact: (____)____-____
Please Circle: (Home/Work/Cell) Please Circle: (Home/Work/Cell)
Email: _____ Email: _____

Would you like to receive e-mails regarding upcoming workshops, programs, and special events? Yes No

Person Responsible for Bill: _____

Date of Birth: _____ Address (If Different): _____

Phone Number (If Different): (____)____-____ Work Number: (____)____-____

Employer's Name: _____

Employer's Address: _____

How did you learn about Little Milestones for Small Discoveries?

Reference's Name (If Any):



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Child's Physician(s)

Other Health Professionals, Agencies, or Medical Professionals working with your child?

List current school or childcare provider:

List previous school/daycare experiences:

If your child receives services in school, please list them here (i.e. OT, PT, Speech):

TELL US MORE ABOUT YOUR CHILD

Please answer the following to the best of your knowledge:

Describe your child's developmental milestones (walking age, talking age, social skills):

What are your child's strengths?

What do you find difficult for your child to accomplish?



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Does your child have a hard time understanding or following directions?

Describe how your child gets along with other children?

YOUR CHILD’S LIKES/DISLIKES

Please answer the following to the best of your knowledge:

What are some things your child dislikes?

Please list your child’s favorite play activities/toys?

What are your child’s favorite foods?

Is your child a picky eater? Yes No If so, please explain below:

YOUR CHILD’S PAST MEDICAL HISTORY

Please answer the following to the best of your knowledge:

Has your child had any ear infections? Yes No

If so, please indicate how often and how they were treated for it below:



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Does your child seem overly sensitive to noises, light, crowds, texture/touch, clothing, (etc.)

Yes No If so, please describe below:

Please describe any family history of health, mental, emotional, or learning difficulties:

YOUR COMMENTS/CONCERNS

Please answer the following to the best of your knowledge:

(Picking Eating Class) Please describe any mealtime routines or concerns:

(Handwriting Class) Please describe any handwriting concerns:

Please tell us your GOALS for this specialty class :



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PERMISSION TO USE PHOTOGRAPH & VIDEOGRAPHY

Please initial on eof the following boxes to address photography and videography as a client of Little Milestones for Small Discoveries, LLC.

I hereby consent Little Milestones for Small Discoveries, LLC, its representatives and its employees the permission to take photographs of my child: _____ .
I also grant Little Milestones for Small Discoveries, LLC, the right to edit, use, and reuse photos and videos in print, on the internet, and all other forms of media and marketing. I agree that Little Milestones for Small Discoveries, LLC, may use such photographs/videos fo my child for therapeutic intervention purposes, learning purposes, publicity, illustration, advertising, and web design/content. I hereby release Little Milestones for Small Discoveries, LLC, and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I DO NOT give permission to Little Milestones for Small Discoveries LLC, its representatives and employees, the right to take photographs and/or videos of my child.

_____ .

I have read and understand the above:

Signature of Parent/Guardian:

Parent/Guardian Name (Print): _____

Address of Parent/Guardian: _____

Child's Name (Print): _____

Date: _____