

**HAROLD LEWIS CENTER ENROLLMENT FORM**  
**EARLY INTERVENTION**

Child's Legal Name \_\_\_\_\_  Male  Female  
Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Parent Names \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
School District \_\_\_\_\_  
Email Address(es) \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
With whom does the child live? \_\_\_\_\_

=====

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments:

<b>Allergies: Please list &amp; describe allergies below. Indicate Mild, Moderate, or Severe</b>
<b>Dietary Restrictions, Food Allergies or Special Diets:</b>
<b>Medications: What medications are given daily? Reason? What medications are giving occasionally?</b>
<b>Health Conditions or Diagnoses:</b>

\_\_\_\_\_ I have received Notification of my Rights & Responsibilities.

\_\_\_\_\_ I give consent for my child to receive EI services as outlined in the Services and Supports section.

**RELEASES**

YES \_\_\_ NO \_\_\_ Student may appear in pictures or videos used on our website, program newsletters and social media.

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_**

**\*\*\* NOTE: PLEASE NOTIFY THE OFFICE IMMEDIATELY IF ANY OF THE INFORMATION ON THIS FORM CHANGES \*\*\***