

CAPERNAUM PEDIATRIC THERAPY, INC.

2017 Social Group Intake Form

Complete this form to formally register your child for a social group.

Mail this form and payment of \$325 by JUNE 1, 2017 to:
7250 FRANCE AVE S, SUITE 305, EDINA, MN 55435-4313

If you have questions regarding payment, please contact Jenny at 952-285-2840.

Child's Name: _____ DOB: _____

Parents' Names: _____

Address: _____

Phone Number: _____

Emergency Number: _____

Name of person(s) bringing your child to group: _____

Preferred Group Location (please check) CALVIN CHRISTIAN NATIVITY

Pertinent Medical History

Pediatrician: _____

Medical Diagnosis: _____

Medications: _____

Allergies: _____

Special Diet Information: _____

Education

School: _____ Grade: _____

Name and describe services received in school: _____

Parent Reflections

1. What do you feel is your child's biggest challenge in relation to social settings and communication?

2. Does your child have any behavioral concerns?

3. What would you like your child to gain from attending this group?

4. What do you hope to gain for yourself from this group?

5. Is there anything else you would like us to know regarding program planning for your child (i.e., likes, dislikes, behavioral characteristics)?

You will be contacted with the specific time and group placement that fits your child's needs. If you have questions regarding the group or group placement, please contact Ali at AlisonB@capernaumpeds.com.