

Uptown guest registration * Uptown guest registration*



Service Attended _____ Today's Date ___ / ___ / ___

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____

Mobile Service Provider (Circle) Verizon At&t Sprint T-Mobil

Other _____

Email Address _____

Please circle the environment(s) your kiddo(s) is checking in to

Preschool

Crawler/Walker - crawling up to 2

2nd Ave. - 2 years old

3rd St. - 3 years old

4th place - 4 years old

Rt. 5 - 5 years old & Kindergarten

Elementary

Oneway - 1st grade to 3rd grade

Junction - 4th & 5th grade

Up Club - Ministry to kids with special needs (to 6th grade)

Child Name _____ Gender Boy/Girl Grade _____ DOB ___ / ___ / ___

Known Allergies/Special Instructions _____

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Other notes....



I am overcoming (diagnosis): _____

Allergies and/or medical, physical, psychological, behavioral concerns I am overcoming:

Parent:

My child is prone to seizures (circle one): Yes / No

My child's behavior may indicate a medical problem requiring immediate attention when:

Current sensory challenges/needs, if any. Uptown is a very sensory stimulating environment. Please include any challenges in the area of sight, sound, taste, touch, smell, and movement:

I can: ____ read ____ write

Comments: _____

In school, I like to : _____

In school, I need help most with : _____



My favorite activities/toys : _____

Least favorite activities/toys : _____

I am happiest when I am : _____

Things that make me feel uncomfortable, upset, frustrated : _____

When I am upset or sad, it helps me if you : _____

Other information that may be helpful (Allergies/Food sensitivity/Routines) : _____
