GOLDEN HEART RANCH SOCIAL LIVING CLUB APPLICATION

Please Print Clearly

Date: ___________

SLC Participant Name: ____Male/Female DOB: ____/____/____
Last First M.I.

Address: ____City ______________________________Zip __________

Parent/Guardian Name: _________________________________Email ______________________@_______________

Home #: (_______)_______-__________ Cell #: (_______)_______-________ Work: #: (_______)_______-_________

Parent/Guardian Name: _________________________________Email ______________________@_______________

Home #: (_______)______-____________ Cell #: (_______)_____-___________Work: #: (_______)______- _________

Diagnosis:____

Dietary restrictions ____

Safety concerns (riding in vehicles, crossing streets, elopement)____

____

Does your child require a 1:1? ________If so, will they be accompanying him/her? _____________________________

Does your child have seizures? _________ If yes, please provide us with a seizure protocol from your physician.

Does your child require physical assistance? _________________________

Is your child verbal? ________ If not, does he/she have a means of communication (ie: PECS, ASL or VOD)? _________

Is your child incontinent? __________Is he/she able to use the bathroom without assistance? ____________________

How did you hear about us? ____

Parent/ Guardian Signature ____ Date _______________________

703 Pier Ave. B194 Hermosa Beach, CA 90254
Phone 310-798-9933 Fax 310-798-6221
www.ghrsocialclub.org
Agoura: ashley@ghrsocialclub.org South Bay: Christina.lara@ghrsocialclub.org