

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Degree of Hearing Loss: \_\_\_\_\_

Date child received hearing aids: \_\_\_\_\_

Date of Cochlear Implant surgery (If applicable): \_\_\_\_\_

Amplification currently used: \_\_\_\_\_

Current Audiologist: \_\_\_\_\_

Current Speech-Therapist: \_\_\_\_\_

Child's current school system: \_\_\_\_\_

Special Education Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any previous individual therapy, name of therapy provider and duration of enrollment in therapy: \_\_\_\_\_

\_\_\_\_\_

Please list any medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is currently taking:

\_\_\_\_\_

\_\_\_\_\_

List all allergies/symptoms (food, animal, insect) or other health problems: \_\_\_\_\_

Specify any other information of which you would like the school to be aware: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

The following people have permission to pick up my child (prepared to show ID):

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*All applicants are accepted on a temporary/trial basis. If at anytime during the enrollment period, the teachers and therapists agree that the Woolley Institute for Spoken Language Education (WISE) does not meet the specific needs of the child, or that the child does not respond to the program, we reserve the right to make recommendations for placement in other programs.*