3114-4 Randall Parkway, Wilmington NC 28403
www.oasisnc.org

Updated Information

Student's Name: ______________________ **Your Name:** ______________________

Do you have primary custody? Yes No ______________________

Address: ____
Street City Zip

Phone: ______________________ **Phone:**______________________

Email:______________________ **Students's DOB**_____/_____/_____

Grade (2018-19)______ **Aware of his/her autism diagnosis?** Yes No Would like to be

Student's Primary Diagnosis: Asperger's Autism Anxiety ADHD LD Other: ______________

Psychologist: ____

Primary Doctor: ____

Speech and Language: ____

Occupational Therapy: ____

Suffer from:	**Asthma**	**Diabetes**	**Seizures**	**Food Allergies**
	____Yes ____No	____Yes ____No	____Yes ____No	____Yes ____No

***** Please complete additional forms if you selected 'yes' for any of the above *****

Current Prescription Medications:____

Current OTC Medications: ____

Special Diet:____

Other Medical Considerations: ____

Name/Age of Siblings: ____

Emergency Contact Information

1. **Name** ______________________ **Phone** ______________________

Name ______________________ **Phone**______________________

Please update us on any changes with your son/daughter since last year!

Stress Triggers: ____

Special Interests: ____

Behavior Management Techniques: ____

Calming Activities: ____

Motivators: ____

Social Goals: ____

Communication Goals: ____

Academic Goals: ____

Behavioral Goals: ____

Community Goals (Please mark any you would like to see improvement):

________Birthday Parties ______ Playdates ________ Stores ________Church ______ Restaurants

Other: ____

Please list any additional comments you would like to share about your child:

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Agreement and Waiver:

By signing this waiver, I accept full responsibility for my child during participation at OASIS NC. I will not hold OASIS NC, staff, volunteers, or other participants responsible for any accidents that occur while services are being provided. Enclosed is a non-refundable application fee as listed on the schedule of costs and payments.

Signature ______________________________ **Date** ____________________