



The Sensation Nation Registration Form

Date _____ Facility _____
Child Name _____ Sex _____
(First) (M.I.) (Last)
Date of Birth _____
(mm/dd/yy)

Mailing Address _____
City _____ State _____ Zip _____

Mothers Name _____ Home Ph _____
Email _____ Cell Ph _____
Fax _____ Work Ph _____
Address (if different from above) _____

Fathers Name _____ Home Ph. _____
Email _____ Cell Ph _____
Fax _____ Work Ph _____
Address (if different from above) _____

Emergency Contacts

Name two (other than parent)

1. Name _____ Home Ph _____
Relationship _____ Cell Ph _____

2. Name _____ Home Ph _____
Relationship _____ Cell Ph _____

Medical

Child's current primary physician _____ City _____
Phone _____ Medications/Restrictions _____

Medical Diagnosis _____

Are there any contraindications (i.e., medications, activities, foods, etc.) that should be avoided?

Background Information

Does your child have a history of seizures? No ___ Yes ___ If yes then please answer the questions below.



1. When was the most recent seizure? _____
 2. What type of seizure(s) has your child experienced? _____
 3. What medication(s) have been prescribed? _____
- Please list all childhood illnesses/diseases: _____
- _____
- _____

Behavioral

Does your child receive behavioral intervention (i.e., ABA)? _____

Does your child routinely demonstrate inappropriate behavior? Yes ____ No ____

If yes, what behavior(s)? _____

How would you best describe the way your child learns (i.e., visual, auditory cues, etc)?

What, if anything, could cause your child to demonstrate self-stimulatory behaviors?

What situations, events, and/or types of stimuli could cause your child to have a meltdown?

When/if your child has a meltdown, how long does it typically last?

Is your child able to organize his or her behavior after a meltdown and return to task?

How does your child react to other children in a social setting?

In your opinion, does your child get frustrated easily? _____ Frequently? _____

Does your child display mild temperament and self-organize easily? _____

Does your child get excited easily? _____

If yes, once excited, is it hard for him or her to reorganize? _____

Does an excited state often lead to a meltdown? _____