



Fun Club's Intake Form:

Participant Information

- **Full Name:**
- **Preferred Name (Nickname):**
- **Date of Birth (MM/DD/YYYY):**
- **Age:**
- **Gender:**
- **Pronouns:**
- **Address:**

Parent/Guardian Contact

- **Primary Parent/Guardian Name:**
- **Phone Number:**
- **Email Address:**
- **Relationship to Participant:**
- **Secondary Contact Name:**
- **Phone Number:**
- **Email Address:**
- **Relationship to Participant:**

- **Emergency Contact Name:**
- **Phone Number:**
- **Email Address:**
- **Relationship to Participant:**

Names/Extra Contacts allowed to pick-up your Participant:



Medical Information

- **Allergies (food, environmental, etc.):**
- **Medical Conditions or Needs (e.g., asthma, diabetes, seizures):**
- **Medications (taken regularly or may need during club):**

Behavioral & Support Needs

- **Any behaviors we should be aware of (e.g., sensory issues, triggers, social challenges):**
- **Tips or strategies that help support your participant (calming techniques, preferred activities, etc.):**
- **Toileting needs that we should be aware of (reminders, verbal prompts, etc):**

Interests & Preferences

- **What are your child's hobbies or favorite activities?**
- **What motivates your child or makes them excited?**



- **Any dislikes or activities your child prefers to avoid?**

Is your child allowed to be in photos: Please circle Yes or No

Additional Notes

- **Is there anything else you'd like us to know to help your child succeed and feel comfortable in the Fun Club?**