



MetroWest Kids
LEARNING CENTER
A Solution for Every Challenge

DATE _____

STUDENT NAME _____ DOB _____ AGE _____

SCHOOL _____ GRADE _____ DISTRICT _____

PARENT NAME _____ PHONE (H) _____

ADDRESS _____ (W) _____

_____ (C) _____

SIBLINGS _____ Email _____

DIAGNOSIS _____

IEP _____ 504 PLAN _____

PRIMARY INSURANCE NAME & ID
NUMBER _____

SECONDARY INSURANCE NAME & ID
NUMBER _____

CO-PAY _____

MEDICATION/DOSAGE _____ ALLERGIES _____

PARENT SIGNATURE (ROI) _____

PERMISSION TO USE CHILD'S PICTURE AND/OR VIDEO FOR EDUCATIONAL & WEBSITE

PURPOSES _____

STRENGTH AREAS:

CONCERN AREAS:

HOW DID YOU HEAR ABOUT US: