

# ck carmelkidz Special Needs Visitor Card

please fill out this section

TODAY'S DATE: \_\_\_\_\_ Hour (please circle one): 9:30 11:00  
Name: \_\_\_\_\_ Gender (please circle one: male female) Age: \_\_\_\_\_  
Type of Disability: \_\_\_\_\_  
School: \_\_\_\_\_ Wheelchair: Yes No  
Most frequently used method of communication: verbalizations, vocalization, eye gaze, gestures, facial expressions, sign language, others \_\_\_\_\_  
Dietary needs (allergies, favorite foods/drinks etc.): \_\_\_\_\_  
Acceptable foods/liquids that may be consumed (texture, size etc.): \_\_\_\_\_  
Behavioral concerns (challenging behaviors, fears, etc.): \_\_\_\_\_  
Physical concern (positioning needs, hearing/vision loss, etc.): \_\_\_\_\_  
Any other information to help us care for your child: \_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Cell number (please put you phone on vibrate while in the building): \_\_\_\_\_  
E-mail: \_\_\_\_\_

Sibling information

Please check box if you have other siblings of school age visiting Carmel Today.

Name of Other siblings in school age and their grade: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_