



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 \_\_\_\_\_

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STRENGTH AREAS:

CONCERN AREAS:

HOW DID YOU HEAR ABOUT US: