

Enrichment Place Registration

Child's Full Name	Name Used	Date of Birth	Grade
Primary Address		Best Phone Number	
Names of parents or guardians along with any addresses, e-mail, and phone numbers that are different than above.			
Emergency contact(s) along with their best phone numbers:			
Name of Session(s):			
If your child needs accommodations, please read and complete the Special Needs Form on the reverse.			
Please name any individual who is legally restricted from contact with your child:			
Describe allergies or other medical conditions and list any medications or supplements that we would need to be aware of if your child should need emergency medical care. Continue on the back if more room is needed.			
Permission to use photographs and videos The Enrichment Alliance of Virginia, Inc. does _____ does not _____ have permission to use photographs and/or video images of my child in training and promotional materials.			
Please initial: By signing this registration I agree that: _____ In the event of an emergency, the staff of The Enrichment Alliance of Virginia are authorized to seek medical treatment for my child _____ Neither The Enrichment Alliance of Virginia nor any of its personnel and volunteer staff shall have any liability for injury to my child other than injury occasioned by willfully tortuous acts or gross negligence.			
Parent or Guardian's Signature		Date	
Please indicate the amount enclosed:			
1) \$90.00 X _____ sessions, less any discounts that apply _____.			
--or--			
2) Tuition reached by formula above plus a tax exempt contribution of _____ for a total of _____.			

Mail Completed Registration and fees to: Enrichment Alliance of Virginia
P.O. Box 1423
Charlottesville, Va. 22902

ACCOMMODATIONS:

The Enrichment Alliance of Virginia (EAVA) trains volunteers to provide support and simple accommodations for children with learning and self-regulation challenges. We are using *Kids in The Syndrome Mix*, by Martin L. Kutscher as our primary source for training. This text covers Pervasive Developmental Spectrum Disorders, Learning Disabilities, ADHD, and Mood Disorders. We are interested in learning about how we can accommodate your child. You may be receiving a call from a volunteer so that we can learn more specifically about your child. If your child has a disability we are not currently trained in, we may want to work collaboratively with other service providers.

Please describe disabilities or other challenges requiring assistance:

What strategies do you find helpful?

Are there IEP goals you would like us consider? If you wish, attach a copy of IEP or other pertinent information. We do not remediate and cannot guarantee that we can replicate classroom accommodations, but we would like to know how we can be consistent with home and school accommodations as much as possible.

ADDITIONAL INFORMATION Use this space for any additional information you wish to share about your child.

MEDICATION

If your child needs to take medications at The Enrichment Place, complete this form. Please bring medications each week in original, labeled, childproof bottle.

Name of Medication	Dose	Dates	Time

Parent or Guardian's Signature

Date