

Beyond Blindness

Learning Link Registration Form



Family Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Email: _____

What days are you planning to attend? _____ Tuesday _____ Thursday

Child's First Name	Child's Last Name	M/F	Age	Date of Birth

Does your child attend preschool? _____ YES _____ NO

If yes, what is the name of the school? _____

Has your child even been seen for any concerns (speech, OT, PT, etc.)? _____ YES _____ NO

If yes, is he/she receiving services? Please specify: _____

How did you hear about our Learning Link? _____

Do you have concerns about your child or your family that you would like resources for? _____ YES _____ NO

Ethnicity/Race (Optional)

___ American Indian ___ Asian ___ Black ___ Hispanic

___ Native Hawaiian ___ White

___ Other: _____

Primary Language

___ English _____ Spanish

___ Other: _____

Transportation

Assistance Needed?

___ YES _____ NO

Home Living Situation (Optional)

___ Renting a Home/Apartment

___ Home Owner

___ Living in Temporary Housing

Annual Family Income Level (Optional)

___ Below \$10,000

___ \$10,000-\$29,999

___ \$30,000-\$49,999

___ \$50,000-\$69,999

___ \$70,000-\$89,999

___ \$90,000+

I have read Learning Link's Guidelines, Health Policy and Program Goals.

Parent/Guardian Signature: _____ Date: _____