



Conductive Learning Center
AQUINAS COLLEGE

RETURNING STUDENT APPLICATION FORM

Applying for Session:

- I (Sept.)
- II (Oct.)
- III (Nov.)
- IV (Dec.)
- V (Jan.)
- VI (Feb.)
- VII (March)
- VIII (April)
- IX (May)
- X (Summer Camp)

Last Conductive Education school session attended: _____

CHILD PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Child Resides with: _____

Address: (Street/City/State/Zip) _____

Home phone: _____

MEDICAL AND HEALTH RECORD UPDATE

Current Medications: (name/doses/times)

Any changes in medical condition since last attendance at program:

Current therapies/schooling (type/frequency/where):

PRESENT CONDITION

Please provide an update regarding current skills in:

Mobility:

Self-care:

Speech/Language:

GENERAL QUESTIONS

Please list the equipment and adaptive devices that your child uses (i.e. AFOs, splints, etc.):

What current goals do you have for your child?

Please provide any other information you feel should be known by the staff:

This application has been completed by:

Name	Relationship	Date (mm/dd/yyyy)
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Please send application materials to:

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