\*Please do not send any electronics or personal toys from home.

\*We have snacks (granola bars, fruit snacks, juice boxes), however, if your child prefers their own please feel free to bring along.

|  |  |
| --- | --- |
| **NAME** |  |
| **AGE** |  |
| **DIAGNOSIS** |  |
| **COMMUNICATION METHOD**(Verbal, ASL, PECs, Etc.) |  |
| **ALLERGIES** |  |
| **TOILET TRAINED**Yes or No?How do they communicate their need? |  |
| **LIKES / DISLIKES/ TRIGGERS** |  |
| **AGGRESSIVE BEHAVIOURS** |  |
| **STRATEGIES YOU USE** |  |

|  |  |
| --- | --- |
| **GUARDIAN NAME** |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **PKC COMMUNICATIONS**Would you like to receive email updates and reminders about future Parent & Kid Connect dates/events? |  |

**NOTES:**
(any additional information about your child to make the evening a great experience)