

□ 2-day option (T/Th) = \$210.00 per month

Child's Health & Behavioral Information:

Special limitations or concerns (dietary restrictions, allergies, medication, physical limitations, etc.)

Has your child been diagnosed or treated for (Please circle answer):

Developmental Delays	Yes	No	Behavioral Disorders	Yes	No
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Does your child have an IEP at school? Yes No

Does your child have a 1:1 aid at school? Yes No

If you answered yes to any of the above questions, please use the space below to share any important or helpful information with staff to help ensure a successful experience:

Please note that Watertown Boys & Girls Club is unable to provide 1-to-1 care/supervision. If your child has specialized care or supervisory requirements, please contact us to discuss prior to enrolling in the program.

Parent/Guardian signature: _____ Date: _____