



AIP/MHWT Childcare Registration Form

Childcare is provided for families attending Autism Intervention Program (AIP) Therapeutic groups. Filling in this registration form is a **mandatory process** if you require childcare during your registered group time. If after you fill out this registration form you decide you no longer need childcare, please call your group facilitator to let them know as soon as possible.

Please fill out this registration form if you need childcare during any **Autism Intervention Program** (AIP) group you have registered for.

Name(s) and age of children needing childcare:

1. _____

2. _____

3. _____

Name of the groups(s) in which they need childcare during:

1. _____

2. _____

Please provide two numbers in which you can be directly reached during childcare in case of pressing needs:

Phone#: _____

Phone#: _____

Please provide any pertinent information about your children that our staff may need to know about (health concerns, allergies, diet restrictions, toileting information, etc.). Please include their names beside their information:

1.

2.

3.

Please answer the following questions as this will help us meet the needs of your child and create a positive experience.

Group/Childcare Experience (fill out per child):

Has your child ever been in: group child care afterschool care day-care

How does your child respond in group situations?

What can we do to help your child adjust to child care?

How would you describe your child's temperament and personality?

How do you comfort your child?

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)?

Does your child fear certain things? Please explain.

What works best when you discipline your child?

Do you have any questions or concerns about your child's behavior in group settings? Yes No

Explain:
