

CYNTHIA MINER KAPELKE EDUCATIONAL SERVICES

INTAKE FORM

Today's Date: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Parent/Guardian Street Address: _____

Email address: _____

Child's Name: _____

Child's Grade: _____ Child's Age: _____ Child's Birthday: _____

Child's School: _____

Any allergies, medical conditions, medications for this child: _____

For breaks during learning sessions, sometimes snacks are served. Gum is also offered. Please write in here any foods or drinks you would NOT want your child to be offered, or if you would rather no snacks were provided (if you would prefer I did not serve snacks, please provide your child with a snack to bring):

Yes, all snacks are fine: _____ No, please don't serve any snacks: _____

Any food/drink restrictions or preferences: _____

Name(s) of other caregiver(s) who are approved to pick up your child from sessions: _____

In the event of an emergency, and if the parent/guardian is unavailable, list others to call: _____

Please use this space (and back if needed) for any further information or notes you'd like to provide:



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, legal guardian of _____, do hereby authorize information to be release regarding my child, named above. This letter authorizes information to be released in both directions; that is, to and from parties regarding my child. Both oral and written reports and/or contracts are authorized. As part of best practices, the Educational Therapist may also conduct confidential consults with select mentors and colleagues. This release authorizes confidential professional consults to help ensure well-informed work with your child.

Please include all parties who are currently authorized and inform me if others should be added at a later date (i.e. teacher, learning specialist, psychologist, occupational therapist, etc.):

<i>Name Title</i>	<i>Business, School Name</i>	<i>Address</i>	<i>Phone Email</i>	<i>Notes</i>

The above may have contact with:

Cynthia Miner Kapelke, Educational Therapist
2452 Encinal Avenue, Alameda, California 94501
cell phone 415-595-0189
cindyminer@comcast.net

Signature,

Date,

Parent/Guardian

