

How to Help Your Child with Special Needs

Initial Application

Please enter information requested and email completed application to:
team@familyhopecenter.org or fax to: (610) 397-1880

Father's Name		Date of Birth	
Mother's Name		Date of Birth	
Child's Name		Date of Birth	
Street		City	
State/Country		Zip	
Home Telephone with Country Code			
Work Phone Number with Country Code			
Cell/Mobile Number with Country Code			
E-mail address			
I would like a space in your next <i>'How to Help Your Child with Special Needs Seminar'</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	I would like a space in your next <i>'How to Help Your Child with Special Needs Workshop'</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please help us understand your child's and abilities needs by circling below:			
Crawls on belly	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can see	Yes <input type="checkbox"/> No <input type="checkbox"/>
Creeps on hands and knees	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recognizes pictures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Read	Yes <input type="checkbox"/> No <input type="checkbox"/>
Runs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Hear	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dresses himself	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can understand what you say	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeds himself	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can write	Yes <input type="checkbox"/> No <input type="checkbox"/>
Well behaved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Makes friends	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can transition well	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has good sensations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is attending the seminar?	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/> Native Language <input type="checkbox"/>
If not English what experience have you had with English? Where and how did you learn your English?			

What would you like to gain from this seminar?

Have you taken any other courses or seminars that have helped you with your child? If so, please describe:

Please write a brief description of your child in your own words: