

ANGELWOOD CHILDREN'S PROGRAMS
PARTICIPANT SIBLING INFORMATION

2025 Program Application

Child Participant Information

- Child's Name: _____
 - Guardian's Name: _____
 - Phone Number (during program hours): _____
 - Email Address: _____
 - Address: _____
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Emergency Contact Information

- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Siblings Information

- List of Siblings Attending with Ages:
 - 1. _____ Age: _____
 - 2. _____ Age: _____
 - 3. _____ Age: _____
 - 4. _____ Age: _____
- Special Concerns or Needs of Siblings:

Behavioral Information

- Please explain any behaviors any of the siblings may have:

Allergy Information

- Please list any allergies specific to any/each child in the family:

Assistance Required

- Please list any sibling children in the family who may need assistance with the following:
 - Eating: _____
 - Dressing: _____
 - Toileting: _____
 - Communication: _____
 - Other (Please Specify): _____

Dietary Restrictions

- Does any sibling child have a special diet or restrictions from eating any foods?
(Please send any special food that they may need):

Medication Information

- Please list any medication that any sibling child must take during program hours.
(Medication should be sent in a pharmacy-labeled container):

Communication Methods

- How does your child communicate? (e.g., verbally, sign language, communication device, etc.)

Pick-up Authorization

- Who has permission to pick up your child/children?

1. _____
2. _____
3. _____
4. _____
5. _____

Photo Requirement

- ***FOR EVERY CHILD, YOU MUST INCLUDE A RECENT PHOTO.***