

SPECIAL NEEDS KIDS HAWAII

EXTRA CURRICULAR THERAPEUTIC ACTIVITY APPLICATION FORM

PARENT OR GUARDIANS NAME _____

CHILD'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # HOME _____ CELL _____

GIRL _____ BOY _____ AGE _____

SCHOOL ENROLLED AT _____

*PLEASE CHECK ANY ACTIVITY YOU ARE INTERESTED IN

THERAPEUTIC HORSEBACK RIDING _____

MUSIC LESSONS _____

*FUTURE PROGRAMS CHECK IF INTERESTED

KARATE LESSONS _____

ART LESSONS _____

PARENT'S /GUARDIANS SIGNATURE _____

DATE _____

TRANSPORTATION NOT INCLUDED

ANGELINA LOVATO

CHAIRPERSON

SPECIAL NEEDS KIDS HAWAII

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www.specialneedskidshawaii.org