

HERITAGE DAY ACTIVITY CENTER
ENROLLMENT FORM

Provider Name/Responsible Party _____

Provider Phone _____
HCS TXHML PRIVATE (circle one)

Name of Participant _____ Date of Birth _____

Name of Parent/Guardian _____

Home #: _____ Cell #: _____

Level Of Need _____

Attendance: F/T or P/T

If part time, please indicate the hours next to the days that the participant will normally attend?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

AMBULATION: (circle one) independent / needs assist / wheelchair

Any restrictions to the participant's diet? Y ___ N ___ If yes please explain _____

(Participants should arrive with their lunch daily unless otherwise indicated by Heritage Day Activity Center staff. Microwaveable foods are acceptable. Please prepare all puree or grounded foods at home.)

MEDICATIONS: The center must have a copy of the current doctor's orders before authorizing med administration. **Medications will not be given by Day Center staff unless it is in an appropriately labeled pack or bottle and has been delegated by the nurse.**

Are any medications to be taken while attending? Yes ___ No ___ (If yes, please list meds) _____

NOTE: The Day activity center will need current copies of any behavior plan, PDP, or treatment plans for our records

TOILETING: (circle one) Independent / Needs Assist / Scheduled Check and Change

Comments: _____

Signature of person completing this form

Date