

Referred By?

Mindful Milestones @ Mindcrafters, LLC

Community Class * Yoga4Youth

DEMOGRAPHICS

Child's Name: _____ Nickname: _____ DOB: _____
School: _____ Grade Level: _____ Age: _____

Parent/Guardian(s) Name(s): _____
Address(es): _____
Primary Telephone(s): _____
Email(s): _____

ER CONTACT INFO

In the event of an emergency, we will use any/all of the above listed 'primary telephone numbers' in an attempt to contact you. Please answer the following for best practice:

Known **ALLERGIES** &/or **HEALTH CONCERNS** that may result in an ER situation &/or should be communicated to EMT in the event of an emergency: _____

REACTION SYMPTOMS*

INSTRUCTIONS FOR CARE**

GENERAL SCREENING

1. Does your child have any **physical or medical limitations** (e.g. knee injury, asthma, diabetes) that might prevent him or her from being able to participate in a physical activity like yoga &/or may require accommodation? _____ YES _____ NO **If yes, please list & describe:* _____
2. Does your child have any **behavioral or mental health concerns** (e.g. ADHD, anxiety, etc) that may affect his/her ability to participate in a group activity? _____ YES _____ NO **IF YES**, please discuss 'therapeutic' yoga classes with our staff & understand that these classes are intended for typically developing youth.
3. Has your child ever received a referral or been written-up for his or her behavior at school? _____ YES _____ NO **IF YES**, please explore the value of 'therapeutic' yoga classes with our staff & not any 'special considerations' here: _____
4. **Other items to note for best experience:** _____

Please note that payment will be due upon arrival. We will have a NEW CLIENT Waiver for you to sign before departing. We accept CASH, Personal CHECK & VISA/MASTERCARD. Application can be made in advance by sending this document to 4019 NW 34th Terrace, Gainesville, FL 32605; OR by faxing it to 352.374.7195. Our staff is able to answer additional questions by calling 352.374.7155