

Referred By? _____

Mindful Milestones @ Mindcrafters, LLC

Therapeutic Yoga4Youth

DEMOGRAPHICS

Child's Name: _____ Nickname: _____ DOB: _____
School: _____ Grade Level: _____ Age: _____
Parent/Guardian(s) Name(s): _____
Address(es): _____
Primary Telephone(s): _____ Email(s): _____
Primary Telephone(s): _____ Email(s): _____

EMERGENCY 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** 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 describe (using additional pages as needed):* _____
2. Does your child have any **behavioral or mental health concerns** that may affect his/her ability to participate in a group activity? _____ YES _____ NO *** Explain:* _____

3. Do you feel that your child's **social-emotional abilities** are appropriate for his/her age? _____ YES _____ NO ***Explain:* _____
4. Do you suspect that your child needs **one-on-one supervision** to participate &/or benefit from participation? _____ YES _____ NO **IF YES, please discuss with our staff & understand that we are not equipped to provide one-on-one assistance to any class participant at this time. Private yoga classes are available as a substitute & upon special request.*
5. Has your child ever received a referral or been written-up for his/her behavior at school? _____ YES _____ NO **Explain:* _____

Please use the reverse side of this document to note additional information &/or to complete answers to questions above ☺

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