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## Connections Support Services Registration Form

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### “Class” Support Services

**Choices:** Social Skills, Respite, Daily Living Skills & Art Therapy

### “Non-Class” Support Services

**Choices:** Weekend Camps, Children’s Parties

### Personal Information Section

**\*\*IF YOUR CHILD DOES NOT ATTEND CONNECTIONS FOR ABA THERAPY, PLEASE ASK FOR THE BASIC ENROLLMENT PACKET TO COMPLETE PRIOR TO THE 1<sup>ST</sup> DAY OF CLASS\*\***

NAME OF CHILD: \_\_\_\_\_

AGE OF CHILD: \_\_\_\_\_

PARENTS NAME(S): \_\_\_\_\_

COUNTY SERVICE COORDINATOR NAME (IF APPLICABLE): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Name of Class	Section	Days & Times	Location	Price	Paid/Auth

