

GENERAL + CHILDCARE PRE-REGISTRATION FORM

FULL CIRCLE

A Day of Knowledge, Empowerment & Community for Families

Full Circle is a whole-family conference and resource fair geared towards developing systems of support among families, providers and the community. Join us and connect with others as we share information and highlight resources that will benefit families of children with disabilities.

Saturday, June 10th, 2017
9:00AM-2:30PM
Aspire Eamon Shannon Center
1815 S Wolf Rd, Hillside, IL 60162

General Information

Name _____

Address _____

Email _____

Phone Number _____

Primary Language: English Spanish Other: _____

Total Number of Adults Attending _____

Childcare Needs

***Will you require childcare?**

YES NO

***If yes, for how many children?**

_____ (4 Maximum)

DUE TO LIMITED CAPACITY, SESSION PRE-REGISTRATION IS REQUIRED!

<u>Presentation Selections</u>		<u>*Indicate selected sessions and number of adults attending each.</u>	
Time: 10:00-11:00AM Topic: <i>Supporting Whole-Child Development Through Social Opportunities</i> Presenter: Aspire Kids Staff		Attending <input type="checkbox"/> How Many Adults? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Time: 11:15-11:45AM Topic: <i>Parent Circles: Building Community & Advocacy</i> Presenter: Jessica Palmert	Attending How Many Adults? 1 2 3 4	Time: 11:15-11:45AM Topic: <i>Financial Planning for the Specials Needs Family</i> Panelists: Katie Clancy, Ed Scheer, and Stacey Dembo	Attending <input type="checkbox"/> How Many Adults? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Time: 12:15-1:15PM Topic: <i>Effective IEP Advocacy (Speaker + Panel)</i> Presenter: Charles P. Fox + Panelists: Andrea Svendsen, Paige Fumo Fox, and Kim Cimino		Attending <input type="checkbox"/> How Many Adults? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Time: 1:30-2:00PM Topic: <i>Parent Circles: Building Community & Advocacy</i> Presenter: Jessica Palmert	Attending How Many Adults? 1 2 3 4	Time: 1:30-2:00PM Topic: <i>Caring for the Caregiver (Parent Self Care)</i> Presenter: Andrea Hohf	Attending <input type="checkbox"/> How Many Adults? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Individual Child Information

***REQUIRED FOR CHILDCARE REGISTRATION**

Child 1

Name _____

Age Group 0-5 Years 5-12 Years 12 Years or Older

Diagnosis: None Autism Spectrum Disorder Learning Disability Behavior Disorder
 Neuromuscular/Physical/Genetic Condition Other: _____

Does this child have any allergies? YES or NO

Explain: _____

Does this child use the restroom independently? YES or NO

Explain: _____

Does this child require other special accommodations? YES or NO

Explain: _____

Child 2

Name _____

Age Group 0-5 Years 5-12 Years 12 Years or Older

Diagnosis: None Autism Spectrum Disorder Learning Disability Behavior Disorder
 Neuromuscular/Physical/Genetic Condition Other: _____

Does this child have any allergies? YES or NO

Explain: _____

Does this child use the restroom independently? YES or NO

Explain: _____

Does this child require other special accommodations? YES or NO

Explain: _____

Child 3

Name _____

Age Group 0-5 Years 5-12 Years 12 Years or Older

Diagnosis: None Autism Spectrum Disorder Learning Disability Behavior Disorder
 Neuromuscular/Physical/Genetic Condition Other: _____

Does this child have any allergies? YES or NO

Explain: _____

Does this child use the restroom independently? YES or NO

Explain: _____

Does this child require other special accommodations? YES or NO

Explain: _____

Child 4

Name _____

Age Group 0-5 Years 5-12 Years 12 Years or Older

Diagnosis: None Autism Spectrum Disorder Learning Disability Behavior Disorder
 Neuromuscular/Physical/Genetic Condition Other: _____

Does this child have any allergies? YES or NO

Explain: _____

Does this child use the restroom independently? YES or NO

Explain: _____

Does this child require other special accommodations? YES or NO

Explain: _____