

## CELL Member Information Sheet

School Year (ex. 2015/2016) \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Enter the name of each child that will be enrolled in co-op. Do NOT include children that will not be attending co-op.

Child's Name, Age, and Grade (as of September of this school year)

Please check all that apply below and provide details:

- ☐ Behavioral issues, please specify \_\_\_\_\_
- ☐ Emotional issues, please specify \_\_\_\_\_
- ☐ Learning disabilities, please specify \_\_\_\_\_
- ☐ Allergies, please specify \_\_\_\_\_
- ☐ Physical disabilities, please specify \_\_\_\_\_
- ☐ Medical conditions, please specify \_\_\_\_\_
- ☐ Other, please let us know anything that would have an impact on your child's participation in a group setting or anything the co-op directors should know about your child.

\_\_\_\_\_  
\_\_\_\_\_

Please note: These responses are not to determine inclusion or exclusion from the co-op; rather, they are to prompt discussions concerning the given situation before a decision is made on your participation in the co-op.