

Caterpillar Clubhouse
Individualized Family Plan

Child's Name: _____
Child's D.O.B.: _____

Parent Information

Father's/Guardian

Name: _____
Address: _____

Cell No: _____
Work No: _____
Email: _____
Date of Birth: _____

Mother's/Guardian

Name: _____
Address: _____

Cell No: _____
Work No: _____
Email: _____
Date of Birth: _____

Who does the child live with? _____

Who is responsible for tuition and fees? _____

Does your family receive MDHHS assistance? Yes or No (circle one)

If yes, please provide verification.

If no, would you like information?

Does your child have any allergies, chronic illnesses, medical conditions, or handicaps that we should know about? Please explain below.

Allergies: _____

Chronic Illness: _____

Medical Conditions: _____

Handicaps: _____

Please provide physician statement with medical protocols for all medical conditions.

Does your child have a special diet? If so, please list foods your child can not eat.

Goals that you would like your child to meet this year? _____

Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials