Parent & Guardian Enrollment Form

Fill in the fields below on-screen, then save and email this PDF to qualitycare@unitedlivingservices.org or print and return it in person. Our team will follow up to schedule your intake conversation.

1. Participant Information

PARTICIPANT FULL NAME

DATE OF BIRTH

AGE

GENDER (OPTIONAL)

GRADE

HOME ADDRESS

CITY

STATE

ZIP CODE

SCHOOL / DISTRICT

2. Parent / Guardian Information

PARENT / GUARDIAN NAME

RELATIONSHIP TO PARTICIPANT

PHONE

EMAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

3. Current Services & Supports

COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

DODD WAIVER TYPE (IF KNOWN)

SERVICE & SUPPORT ADMINISTRATOR (SSA) NAME

SSA PHONE OR EMAIL

4. Program Interests — Check All That Apply

- ☐ Dedicated Learning
- ☐ Enriching Activities
- ☐ Education & Planning Support
- ☐ Life Skills & Independence
- ☐ Workouts & Physical Wellness
- ☐ Behavioral Health Partnerships
- ☐ Employment Resources

5. Medical, Communication & Accessibility Notes

Please note any allergies, medications, mobility needs, or communication supports (e.g. AAC device) we should know about.

6. Consent & Signature

I certify that the information provided above is accurate to the best of my knowledge. I give United Living Services permission to contact my child's Service and Support Administrator (SSA) and school team as needed for enrollment and program planning purposes.

☐ I have read and agree to the statement above

TYPED SIGNATURE (FULL LEGAL NAME)

DATE

PRINTED NAME

If completing this form on paper, please sign by hand above. If completing digitally, typing your full legal name in the signature field above serves as your electronic signature.

Return completed forms to United Living Services · qualitycare@unitedlivingservices.org · (330) 445-4135