



PIER Center for Life Enrichment Day Program Application

1. Name: _____

2. Address: _____

3. Phone: _____

4. Diagnosis and related conditions: _____

5. Equipment used by applicant (wheelchair, braces, communication device, etc.)

6. Special feeding instructions/allergies: _____

7. Mobility skills/safety concerns: _____

8. Communication skills: _____

9. School/work/day program most recently attended: _____

10. Phone and contact person at school or program: _____

11. Is applicant currently receiving therapy services? Yes No

12. Type of therapy: _____

13. Therapist Name and Contact info: _____

14. Behavioral Issues (We are unable to accept individuals with aggressive or abusive behaviors: _____

15. Personal Likes/Dislikes: _____

16. Any activities adult can't participate in: _____

17. Religious Affiliation: _____

18. Church Attending if any: _____

19. Emergency contact: Name: _____

Phone: _____

20. Please check the days you would like to enroll in:

Monday - _____

Tuesday - _____

Wednesday - _____

Thursday - _____

Friday - _____

***Please note that payment will be required for all days enrolled in each month even if participant doesn't attend. This schedule can be changed with a 30 day written notice.**