

**CONDUCTIVE LEARNING CENTER
2428 Burton Street SE
Grand Rapids MI 49546**

Returning Student Application Form

Today's Date: _____ **Applying for Session:** I II III IV V VI VII VIII IX X

Last Conductive Education school session attended:

CHILD'S PERSONAL INFORMATION

Name: _____ **Gender:** _____ **Date of Birth:** _____

Child Resides with: _____ **E-mail Address:** _____

Address: (Street/City/State/Zip) _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Current Medications: (name/doses/times)

Any changes in medical condition since last attendance at program:

Current therapies/schooling (type/frequency/where):

Please list the equipment and adaptive devices that your child uses (i.e. AFOs, splints, etc.):

Please provide an update regarding current skills in:

- **Mobility:**
- **Self-care:**
- **Speech/Language:**

What current goals do you have for your child?

Please provide any other information you feel should be known by the staff:

Mail application materials to:

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