

2018 SLIDE Program Enrollment Information

Preferred Location (select one):

Bradford Academy (ages 5-12)
24218 Garner
Southfield, MI 48033



Matrix Head Start—St. Stephen (ages 4-5)
1235 Lawndale
Detroit, MI 48209



Child's Name: (last) (first) (middle)

Birthdate: / / Age: T-Shirt Size: (S/M/L/XL/XXL, Adult or Youth-circle)

Address: City: State: Zip:

Parent/Guardian's Name: Primary Phone:

Email Address: Secondary Phone:

Address (if different):

Employer: Work Phone:

List names, ages, and relationship of anyone else living at home:

Child's Diagnosis:

Current Therapies:

Previous Therapies:

What is the primary goal you would like us to help your child achieve? _____

Does your child exhibit any behavioral issues at home? Please explain: _____

How are these issues addressed? _____

What are some of your child's favorite activities? _____

What calms your child? _____

Please tell us anything else about your child that would be helpful for his/her SLIDE experience: _____

I understand that I will be responsible for my child's transportation and attendance.

Signature

Date

Print Name

Relationship to Child

PLEASE RETURN THIS COMPLETED FORM ALONG WITH A COPY OF YOUR CHILD'S IEP TO:

Jan Shimshock
Development & Partnerships Manager
Email: jan.shimshock@detroitchildren.org
Phone: 248-918-4274

Mailing Address:

Detroit Institute for Children
2075 East West Maple Road
Suite B203
Walled Lake, MI 48390