



# Responding to Autism Center

## Pieces of Play Enrollment Application

**Dates of class applying for:** \_\_\_\_\_

**Does your child have a RTA Center information packet on file?** \_\_\_Yes \_\_\_No

*An completed information packet is required and will be kept on file for one year.*

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Parent(s) name:** \_\_\_\_\_

**Parent/caregiver attending class:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Diagnosis of Autism Spectrum disorder** \_\_\_Yes \_\_\_No

**As a parent/caregiver, please tell us your goals for attending this class:**

*This is a progressive four session class and a parent/caregiver is required to participate in each class. Please submit enrollment application to the RTA Center and staff will contact you for final enrollment information. Thank you!*

**Parent/Guardian signature** \_\_\_\_\_ **Date:** \_\_\_\_\_