

MEYER CENTER FOR SPECIAL CHILDREN

APPLICATION FOR SERVICES

Child's Name _____ DOB _____ Sex ____ Race ____
 Address _____ S.C. Zip: _____
 Home Telephone _____ Work (mom) _____ (dad) _____
 Cell (mom) _____ (dad) _____ E-mail _____
 Would you like to receive correspondence from the Meyer Center through email: yes no
 Residential Demographics (Please check if you live in one of the following areas): Berea Slater-Marietta
 County Greenville Anderson Laurens Pickens Spartanburg
 Social Security Number _____ (Copy of card must be on file)
 Referred to the Meyer Center by _____

FAMILY INFORMATION

Complete all that apply:

	Name	Employer	Daytime Telephone
Mother			
Father			
Step-parent			
Legal Guardian			

Names of Other Children Living in Home: _____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

I am applying for my child to be enrolled in the Meyer Center for Special Children where he/she will receive education, therapy, and other services appropriate to his/her age and maturity, as determined by the Meyer Center staff. The staff will provide the utmost care for my child, and I agree for them to provide these services.

I agree to inform The Meyer Center of any changes in my home address or telephone number(s), as well as any change in Medicaid or private insurance.

The Meyer Center for Special Children does not discriminate with regard to age, race, creed, color, sex or disability.

 Parent/Guardian Signature

 Date

For office use only: DL All CB 5. 6. 7 CL 1 TEACHER 1. 6. 7 CC 11