Connections for Kids Intake Form

***Not Special Needs Intake**

BHG

BEVERLY HILLS GYMNASTICS

***CCRC**

Connections for Kids

CHILD'S FIRST & LAST NAME

SELECT ONE OF THE FOLLOWING

FORMING A GROUP ☐ DAY PROGRAM ☐ CAMP ☐

AGENCY NAME (CCRC, Connection for Kids, Crystal Stairs, etc.)

AGE/DATE OF BIRTH

CASEWORKER NAME/NUMBER

EMAIL

CASEWORKER EMAIL

PHONE NUMBER

EMERGENCY PHONE NUMBER (REQUIRED) - Neighbhor, Friend, etc.

NOTES