

**Learning Charms**  
316 Lillington Avenue, Charlotte, NC 28204  
[info@learningcharms.com](mailto:info@learningcharms.com)  
phone: 980-225-5414  
fax: 980-229-4642

### **Supplemental Information for Services**

Directions: Please fill out this form by hand or type in information and mail or email back to Learning Charms no later than 1 week prior to child's services. This helps the teacher or therapist better understand your child and your concerns.  
Thank you!

Name of Child:

DOB:

Age of Child and grade in school / preschool:

Service or Class child is enrolling in:

Does child have any diagnosis(es) relevant to development or education? If yes, please list.

Does your child get along well with other children? (if no, please explain)

What are your child's strengths?

What areas does your child need help with?

What kinds of things interest your child? Hobbies/Sports?

What areas would you like to see your child improve in during his/her service or class?

Do you have any other concerns or information that you'd like to share with his/her therapist?

## Learning Charms Waiver

I understand that Learning Charms assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation in any day camps, classes, individual tutoring, therapy, the use of any equipment, exercise, or other activities. I acknowledge that I assume the risk for any and all injury and illness which may result from participation in these. In consideration of the privilege of participating at Learning Charms, I hereby voluntarily release and discharge the Learning Charms and its agents, servants and employees, and contractors from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Learning Charms director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child within a reasonable time prior to the start of the program/activity to determine my child is free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by Learning Charms staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

I have read, and agree with the waiver

I agree

I do not agree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name