

Illinois Center for Fetal Alcohol Spectrum Disorders (ICFASD)

Registration Form: Skills Achievement Groups

CHILD INFORMATION

Name: _____
 Date of birth: ____ / ____ / ____
 Age: _____
 Gender: M / F
 Current educational placement: _____

 Current diagnosis (if any): _____

 Notes: _____

PARENT/GUARDIAN INFORMATION

Name: _____
 Guardianship Status: _____
 Address: _____

 Home Phone: (____) - ____ - ____
 Work Phone: (____) - ____ - ____
 Cell Phone: (____) - ____ - ____
 Email: _____
 Is it Ok to leave a voicemail? Y N
 Is it Ok to email you? Y N

SKILL ACHIEVEMENT GROUPS: Please select all that apply.

*Dates and times are tentative and subject to change

NAPERVILLE:

Tuesday
 4:00pm – 5:00pm
 Building Blocks (children 7-12)
 5:00-6:30pm
 Are We There Yet? (Young adults 19+)
Friday
 4:00-5:30pm
 I Can Do It, Too! (Teens 13-18)

DES PLAINES:

Monday
 3:30-4:30pm
 Building Blocks (children 5-12)
4th Monday/Mo. 4:30-5:30
 Siblings Share and Learn
Thursday
 4:00-5:00pm
 I Can Do It, Too! (Teens 13-18)

PARENT DISCUSSION & SUPPORT: Please select all that apply.

- I would like to **register** for the parent discussion group, "Is this a Bridge to Nowhere?"
*I do not have a child currently registered in a Skill Achievement Group
- I Can Fix It Only If... (Fathers' support group)
- Decoding Some Challenging Behaviors in the Child with an FASD (Educational seminar for parents)

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(FOR OFFICE USE ONLY)
 Date Received: _____

