

Autism Muva - Enrollment Application

Child Information

Child's Full Name:	
Date of Birth:	
Gender:	
Home Address:	

Parent/Guardian Information

Parent/Guardian 1 Name:	
Relationship to Child:	
Phone Number:	
Email Address:	
Parent/Guardian 2 Name:	
Relationship to Child:	
Phone Number:	
Email Address:	

Autism Muva - Emergency Medical Authorization

Child Information

Child's Full Name:

Date of Birth:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Physician & Hospital Preferences

Primary Care Physician:

Physician Phone:

Preferred Hospital:

Autism Muva - Consent & Permissions Form

Activity & Outdoor Play Consent

I give permission for my child to participate in indoor and outdoor activities at Autism Muva.

Photo/Video Consent

Autism Muva staff may take photos/videos to update parents on their child's progress and activities. These will not be used for marketing without additional written consent.

☐ Yes, I consent ☐ No, I do not consent

Autism Muva - Policies Acknowledgment

- Payment is due at booking to guarantee staffing and session commitment.
- Refunds: If canceled after tour, payment refunded immediately.
- Reschedules allowed with 12-hr notice; credit applied to future session.
- Attendance: 10-min grace period; \$2/minute late fee afterward.
- Health & Safety: Sick children must stay home. Meds require written consent.
- Behavior: Positive reinforcement is used; unsafe behaviors addressed with parents.
- Parent Handbook: Families acknowledge receipt and agreement.

Autism Muva - Enrollment Signature Page

By signing below, I confirm that I have completed all required enrollment forms and agree to follow Autism Muva policies and procedures to ensure a safe environment.

Parent/Guardian Signature: _____ Date: _____

Staff Signature (Received By): _____ Date: _____