

Wellness House of Annapolis

Please return via fax, email or mail to:
2625 Mas Que Farm Road, Annapolis, MD 21403
410.990.0941 info@annapoliswellnesshouse.com

Child Member Application

Date (mm/dd/yyyy): _____

Child Information

Name of child participant: _____

Age and Date of Birth: _____

Grade and Name of School: _____

Does your child have a current IEP: _____

Does your child have any known allergies or medical problems? If yes, please explain:

Does your child use/carry an inhaler or an epi pen? _____

Does your child have any physical limitations or special needs? If yes, please explain:

What has your child been told about the cancer diagnosis? What was your child's reaction?

Since diagnosis has your child exhibited any behavioral changes at home or in school?

Has your child had any counseling re: the family member's cancer in the past (i.e. professional counseling, school counseling, etc):

Have you discussed this support group with your child? _____

Family Information

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Home phone: _____ **Work/cell (circle one):** _____

Emergency contact: _____ **Relationship to child:** _____

Phone: _____

Family member with cancer and name (parent, grandparent, etc.) _____

Type of cancer and stage: _____

Date family member was diagnosed (mm/dd/yyyy): _____

Any other information you think we should know: _____

How did you hear about Wellness House and this program: _____