



# KEAN

Occupational Therapy  
**Community Cares Clinic**

**Little BIG Chefs Application**  
**Saturday, April 29th, 2017, 12:00-1:30pm**

Parent/Guardian Information

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Child/Participant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis (if applicable): \_\_\_\_\_

Allergies/Food restrictions:

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Please list some foods your child likes or may be interested in making.

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Please list and explain any behavioral or other concerns. Are there any strategies used at home/school that are effective?

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Please provide any other relevant information you think is necessary.

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Space is limited! Please RSVP by April 22, 2017 to reserve your spot.

**I understand the risks associated with cooking activities and that my child will be provided with supervision throughout the program. I consent for my child to receive occupational therapy services for the duration of this program.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_