



[www.sotosyndrome.org](http://www.sotosyndrome.org)

**2010 Arlington, Texas SSSA Conference  
Child Care/Assisted Adult Registration**

*This form must be returned  
with conference registration form to secure placement*

**Registration Information**

|                         | Last Name | First Name | Age (as of July 9) |
|-------------------------|-----------|------------|--------------------|
| <b>Sotos Individual</b> |           |            |                    |
| <b>Sibling</b>          |           |            |                    |
| <b>Sibling</b>          |           |            |                    |
| <b>Sibling</b>          |           |            |                    |

\_\_\_\_\_ *Mother's name (last, first)*

\_\_\_\_\_ *Father's name (last, first)*

**Off-Site Activity (Ages 10 and Older)**

Individuals 10 years and older will visit Six Flags Amusement Park on Saturday. Which group is most appropriate for your child/assisted adult?

- Structured Group** – accompanied by a chaperone at all times.  
Participant(s) \_\_\_\_\_
- Independent Group** – chaperone assigned and available to provide assistance as requested.  
Participant(s) \_\_\_\_\_

**Information for Childcare Workers and Chaperones (All Age Groups)**

Please complete the following information for your Sotos child or siblings, if applicable.

What are your child's favorite activities? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Are there any unique behaviors that childcare providers need to be aware of? \_\_\_\_\_

Allergies, food, texture, touch or sound sensitivities? \_\_\_\_\_

Receive any medication? \_\_\_\_\_ Requirements? \_\_\_\_\_

Potential seizures? \_\_\_\_\_ Requirements? \_\_\_\_\_

Any other health conditions or precautions? \_\_\_\_\_

Is your child verbal? \_\_\_\_\_ Can he/she communicate basic wants and needs? \_\_\_\_\_

Does he/she use an augmentative device? \_\_\_\_\_ Sign language? \_\_\_\_\_

Is he/she toilet trained? \_\_\_\_\_ Any special needs/wording for toileting? \_\_\_\_\_

Please indicate any additional information that would be helpful in caring for your child.

\_\_\_\_\_  
\_\_\_\_\_  
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