



Alexa's PLAYC San Diego
 3685 Kearny Villa Road San Diego, CA 92123
 TEL: (858) 966-8555
 FAX: (858) 966-8011

Alexa's PLAYC Murrieta
 25170 Hancock Avenue Murrieta, CA 92562
 TEL: (858) 966-8797

www.rchsd.org/alexasplayc

Received By: _____	Date: _____
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INTEREST LIST APPLICATION

How did you hear about Alexa's PLAYC? (please check)

- | | |
|--|--|
| <input type="checkbox"/> Rady Children's Hospital Employee Communication | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Referral (Friend, Relative) | <input type="checkbox"/> Rady Children's Website (rchsd.org) |
| <input type="checkbox"/> Social Media Post or Ad (Facebook, Twitter) | <input type="checkbox"/> Online review site (such as Yelp) |
| <input type="checkbox"/> Magazine Article or Ad (specify) | <input type="checkbox"/> Other: _____ |

I am interested in enrolling my child at:

- Alexa's PLAYC San Diego Alexa's PLAYC Murrieta Either location

- | | | |
|---|-----|----|
| RCHSD Employee | Yes | No |
| Is your child at risk for or diagnosed with an autism spectrum disorder (ASD)? | Yes | No |
| Has your child received developmental services (e.g., Speech, OT, Early Start, etc.)? | Yes | No |
| Are your child's immunizations up to date? (will need written verification) | Yes | No |

Child's Name: _____ Date of Application: _____

Name Usually Called: _____ Desired Start Date: _____

Child's Birthdate: _____ Age: _____ Sex: Male Female Other

Parents/Guardians are: Married Divorced Separated Widowed Other: _____

Parent/Guardian 1 Name: _____

Home Address: _____

Employer: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Parent/Guardian 2 Name: _____

Home address (if different than child's): _____

Employer: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

- For typically developing children only:* By checking here, I acknowledge that my child has the following skills:
- | | |
|---|---|
| <ul style="list-style-type: none"> • Responsive to adult direction • Exhibits age appropriate communication skills • Demonstrates interest in peer interaction | <ul style="list-style-type: none"> • Exhibits minimal behavior challenges • Engages appropriately in play |
|---|---|

Signature

Date

Please email this form to alexasplayc@rchsd.org or fax to: (858) 966-8011. This application does not guarantee enrollment for your child.

You will receive another application to be filled out at time of enrollment.