



www.gsloinc.com

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GoldStar Learning Options- Little Learners Interest Form 3 – 5yrs

Participant's Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip Code _____

Email Address _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Medical Diagnosis: _____

Service Coordinator and Community Center Board

Community Center Board _____ Phone _____

Service Coordinator _____ Phone _____

Funding Source

____ CES Waiver ____ Medicaid/EPSDT ____ Private Pay ____ Insurance/List Carrier _____
____ Other Medicaid Number _____

***Estimated Start Date for services: _____

I am interested in registering my child for Session 1 or Session 2- Please circle only one (1) slot from the times below

Session 1- 08:00 - 11:00 AM ----- **or** ----- **Session 2- 11:30 – 02:30 PM**

Please choose and check only one (1) slot from the days listed below

____ (2 days a week) Tuesday and Thursday ____ (3 days a week) Monday, Wednesday and Friday

____ (5 days a week) Monday through Friday

I am interested in the following services: (check all that apply)

____ Behavior Consultation ____ Behavior Line

____ Speech Therapy ____ Occupational Therapy

Other: _____

Does your child currently receive services (OT, ST, PT)? ____ Provider contact: _____

Check all that apply for your participant:

- G-Tube needs Medication taken during the day Has challenging behaviors Uses a communication device
- Needs assistance in the restroom Will elope or wander in the community Behaviors in the car