



## Parent's Night Out

Email form to [rany@abatoday.org](mailto:rany@abatoday.org) or call 512-508-3362. Make a payment on our website [www.abatoday.org](http://www.abatoday.org) OR cash/check will be accepted during drop-off.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Does your child have any of the following (check all that apply)?

	Yes	No	Describe
Seizures			
Allergies			
Sensory sensitivities			
Other:			

Does your child take any medication (list all)? \_\_\_\_\_

Does your child engage in any of the following behaviors (check all that apply)?

Behavior	Yes	No	Frequency, comments
Property destruction			
Physical aggression			
Verbal aggression			
Noncompliance			
Elopement			
Self-injurious behavior			

What are your child's preferred activities and snacks? \_\_\_\_\_

What are your child's non-preferred activities, snacks? \_\_\_\_\_

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