



# Little Light House

CENTRAL MISSISSIPPI

## A Christian Developmental Center for Children with Special Needs

PO Box 13662, Jackson, Mississippi 39236  
(p) 601.956.6131 (f) 601.956-6143 www.LLHMS.org

### Application for Children's Services Waiting List

*The Little Light House, Inc. is a non-profit Christian Developmental Center for children with disabilities, age birth through six years of age. The Little Light House does not discriminate on the basis of religion, sex, race, color, national or ethnic origin, or medical diagnosis (unless it affects the child's ability to attend on a regular basis) in the administration of its educational policies, admissions policies, and other school administered programs. Some behavioral conditions may be evaluated on an individual basis. The Little Light House assures that all children's records will be maintained as confidential.*

**Please attach a photo  
(snapshot) of child**

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

Name of child: \_\_\_\_\_  
*First Middle Last*

Date of birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Current age: \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Address of residence: \_\_\_\_\_  
*Street Address City State Zip*

### Parent/Guardian Information

**Father:** \_\_\_\_\_  
*First Middle Last*

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

Legal Guardian: Yes / No  
*Please circle one*

\_\_\_\_\_  
*City State Zip*

**Mother:** \_\_\_\_\_  
*First Middle Last*

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

Legal Guardian: Yes / No  
*Please circle one*

\_\_\_\_\_  
*City State Zip*

I understand that it is my responsibility to contact The Little Light House, Inc., in writing of change concerning any component that could deter communications between The Little Light House, myself, and said child. **This includes but is not limited to a change of telephone number, name, and/or address.** *Should I fail to do this, I understand that my child could be withdrawn from the waiting list, due to the inability of The Little Light House to contact me.* I will do my part to ensure that The Little Light House is able to communicate with me at all times.  
*Initial here.*

#### Mission Statement

*"To glorify God by improving the quality of life for children with special needs, their families and communities."*

**Current Services**

Please explain why your child is in need of special education and therapy services: \_\_\_\_\_

\_\_\_\_\_

Have you pursued services through First Steps? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you pursued services through public schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you aware of alternative programs for your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you considering alternative programs until your child can be enrolled in The Little Light House? \_\_\_\_\_ Yes \_\_\_\_\_ No

What services (speech, physical, occupational therapy &/or special classes) is your child presently receiving?

1. Agency/School \_\_\_\_\_ Services \_\_\_\_\_  
For how long? \_\_\_\_\_ Primary emphasis \_\_\_\_\_

2. Agency/School \_\_\_\_\_ Services \_\_\_\_\_  
For how long? \_\_\_\_\_ Primary emphasis \_\_\_\_\_

3. Agency/School \_\_\_\_\_ Services \_\_\_\_\_  
For how long? \_\_\_\_\_ Primary emphasis \_\_\_\_\_

Who referred you to The Little Light House? \_\_\_\_\_

**Child Information**

What is your child's diagnosis? \_\_\_\_\_

What is/are your child's impairment(s) or delay(s) at this time? \_\_\_\_\_

\_\_\_\_\_

Please list the types of toys your child enjoys: (i.e. music, switch toys, See 'N Say, etc.) \_\_\_\_\_

\_\_\_\_\_

Please list the types of food your child eats and its consistency (tube feedings, baby food, pureed, chopped, finger foods, table foods): \_\_\_\_\_

\_\_\_\_\_

Does your child drink from a *please circle* (bottle, cup with a lid, cup without lid, nurses)

Does your child eat finger foods independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child use a spoon independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

How does your child let you know what he/she wants? (i.e. crying, pointing) \_\_\_\_\_

\_\_\_\_\_

What is your child's primary means of mobility? \_\_\_\_\_  
Please list any special equipment used with your child: \_\_\_\_\_

\_\_\_\_\_  
Please list any special precautions that may need to be taken with your child: \_\_\_\_\_

\_\_\_\_\_  
Please list all medications and methods of administration: \_\_\_\_\_

\_\_\_\_\_  
Please list **all** surgeries your child has had (i.e. tubes in ears, orthopedic, shunt, feeding tube, etc.): \_\_\_\_\_

\_\_\_\_\_  
Please check applicable medical appliances and/or treatments.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Tracheotomy                        | <input type="checkbox"/> Ostomy      |
| <input type="checkbox"/> Feeding Tube                       | <input type="checkbox"/> Shunt       |
| <input type="checkbox"/> Prosthesis (please describe) _____ |                                      |
| <input type="checkbox"/> Glasses                            | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Wheelchair                         | <input type="checkbox"/> Walker      |
| <input type="checkbox"/> Other (please describe) _____      |                                      |

Is there anything else that you would like The Little Light House to know about your child? \_\_\_\_\_

\_\_\_\_\_  
**Waiting List Testing Authorization**

The undersigned being the parent/legal guardian of \_\_\_\_\_  
Does hereby authorize qualified staff of The Little Light House, Inc. to administer psycho-educational, developmental, speech and language, and other types of diagnostic testing, as necessary for educational planning and placement purposes. It is understood that the said results will be considered confidential and will be released to other agencies only by the signed authorization of the parents or legal guardian of the child.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*