

Center Township Trustee Foundation's

AUTISM ACTION INITIATIVE

REGISTRATION FORM

Provided by Center Township Trustee Jesse Harper, Valparaiso Police Department, Porter County Sheriff's Office, Valparaiso Community Schools, Valparaiso Fire Department, Valparaiso YMCA, and Porter County 911

Date of Registration:					
INDIVIDUAL INFORMATION					
Name:			Birth date:		
Nickname:					
Parent(s)/Caregiver(s) Name:					
Address:					
City:			State:	Zip:	
Telephone:		Alternate Telephone: _			
Enrolled in Smart911?	Yes	No			
PHYSICAL DESCRIPTION					
Gender:	Eye Color:		Hair Color:		
Scars or other identifying marks: _			Race	<u> </u>	
BEHAVIOR TRAITS					
Verbal?	Yes	No			
Fight/Flight Risk?	Yes	No			
Responds to name?	Yes	No			
Eye Contact?	Yes	No			
Impaired sense of danger?	Yes	No			
Responds to verbal commands?	Yes	No			

(continued)

Parent/Guardian	
As the parent(s)/guardian(s) of the Child named above, I/we consent to the retrustee's Office, Valparaiso Community Schools, and first responder personn Office, Valparaiso Police Department, Valparaiso Fire Department, and Porte agree to hold harmless and release all liability from the Center Township Trust from any and all damages, claims, injuries or other actions resulting from our parts.	el, including but not limited to the Porter Coumnty Sheriff's County Central Communications (911 Dispatch). I/we also ee's Office along with its employees, agents, and representatives
Dislikes:	
Likes:	
Sensory issues:	
Response to person in uniform:	
Best way to approach your child:	

PLEASE COMPLETE AND MAIL OR EMAIL TO:

Center Township Trustee's Foundation 202 Roosevelt Road | Valparaiso, IN 46383 jesse@centertownshiptrustee.net | kelly@centertownshiptrustee.net or sburgett@porterco-ps.org

smart911.com

