



AUTISM SERVICES INC.

OF WINDSOR & ESSEX COUNTY



Student Profile

Parents/guardians, please complete the Student Profile. (Print Clearly). If you move it is important that you contact us with your new address. Our applications are mailed in November of each year.

Please indicate which location you prefer: (Check One) Windsor Essex

STUDENT INFORMATION

Student's Name: _____ Student's Weight: _____

Birth Date: Month _____ Day _____ Year _____ Diagnosis _____

Parents/Guardians Names: _____

Address: _____ City _____ Postal Code _____

Phone #: _____ Business Phone #: _____ Cell#: _____

Email Address: _____

Upon receiving your completed profile your name will be added to our mailing list and our email list. Emails are sent on a weekly basis to give you updates and to let you know what is happening in the community. You can expect an application form to the Bruce Awad Summer Program in November.

Thank you

Cheryl Huczel
Christine Loebach
Autism Services Inc.