

**ASSOCIATES PROGRAM
CHILDREN'S QUESTIONNAIRE**

1. Please fill in the information below regarding your child(ren).

Full Legal Name	Date of Birth	Age	Place of Birth	Gender	Current Grade	Social Security #

2. Do any of your children have special dietary needs or are any of your children regularly taking medication? If yes, please explain.

3. Have any of your children had surgery or major health problems in the past? If yes, please explain.

4. Do any of your children have ongoing medical conditions (asthma, allergies, A.D.D., diabetes etc.)? If yes, please explain.

5. Do any of your children have special educational needs? If yes, please explain.

6. Are your children's immunizations up to date?

7. Will they miss any immunizations while out of the country?

Please return form with your application.

Asian Access