



Please email form to:  
Interest4glo@gsloinc.com

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## GoldStar Learning Options- Little Learners Interest Form 3 – 5yrs

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Diagnosis:** \_\_\_\_\_

### Service Coordinator and Community Center Board

Community Center Board \_\_\_\_\_ Phone \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

### Funding Source

\_\_\_\_ CES Waiver \_\_\_\_ Medicaid/EPSTDT \_\_\_\_ Private Pay \_\_\_\_ Insurance/List Carrier \_\_\_\_\_  
\_\_\_\_ Other Medicaid Number \_\_\_\_\_

\*\*\*\*Estimated Start Date for services: \_\_\_\_\_

**I am interested in registering my child for Session 1 or Session 2- Please circle only **one (1)** slot from the times below**

**Session 1- 08:00 - 11:00 AM** ----- **or** ----- **Session 2- 11:30 – 02:30 PM**

**Please choose and check only **one (1)** slot from the days listed below**

\_\_\_\_ (2 days a week) Tuesday and Thursday \_\_\_\_ (3 days a week) Monday, Wednesday and Friday

\_\_\_\_ (5 days a week) Monday through Friday

**I am interested in the following services: (check all that apply)**

\_\_\_\_ Behavior Consultation \_\_\_\_ Behavior Line

\_\_\_\_ Speech Therapy \_\_\_\_ Occupational Therapy

Other: \_\_\_\_\_

Does your child currently receive services (OT, ST, PT)? \_\_\_\_ Provider contact: \_\_\_\_\_

Check all that apply for your participant:

- ☐ G-Tube needs ☐ Medication taken during the day ☐ Has challenging behaviors ☐ Uses a communication device  
☐ Needs assistance in the restroom ☐ Will elope or wander in the community ☐ Behaviors in the car