

Family Membership Form

Membership of the Special Needs Foundation of Cayman (SNFC) is encouraged for anyone who may be invested in the future outcomes of children with special needs in the Cayman Islands – families, individuals, schools, professionals, agencies and support groups. As the Foundation grows, benefits to members will increase. Your membership is a positive way of supporting the activities of SNFC.

Parent Name(s) _____ (Mr/Mrs/Ms/Miss/Dr/Family)

Address: P.O. Box _____ KY1- _____ District or location _____

Phone: (Cell) _____ (Home/Work) _____

Email: (please print) _____

Child's name(s) _____ Birthday: _____

Which age groups are of interest to you?

- | | |
|--|---|
| <input type="checkbox"/> Toddlers 0-5 years | <input type="checkbox"/> Teenagers 11-16 years |
| <input type="checkbox"/> Children 5-10 years | <input type="checkbox"/> Transitioning into adulthood 16+ |

Which area(s) of special needs are of most interest to you?

- | | | |
|--|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Language disorders | <input type="checkbox"/> Gifted learners |
| <input type="checkbox"/> Mental health disorders | Other: _____ | |

What special accommodations would your child (or other family member) require at a special event sponsored by SNFC?

I understand that SNFC is not liable should anything happen to my child while participating in an SNFC organized activity.

Signature: _____

Membership forms can be submitted to: The Special Needs Foundation of Cayman Ltd., P.O. Box 12141, Grand Cayman, KY1-1010 or emailed to susie@specialneedsfoundation.ky

Membership is currently sponsored so no fees are required.

Privacy and Special Needs Foundation of Cayman: Your personal details are stored securely and only used by Special Needs Foundation of Cayman for member communications.