

Special Needs Registry

Circle One: NEW APPLICANT UPDATED INFO

Application Date	Disability	
Registrant's Name	Telephones	
Address	Juvenile (Yes/No)	Date of Birth
Automobile Description Color Year Make Plate #		
Is Registrant Verbal or Not?, Does Registrant Wander? Can they get Violent?		
Physical Description (Height, Weight, Race, Eye Color, Hair Color, Glasses) (include photo)		
Name, Address & Telephone of Person to Notify in the Event of an Emergency (Provide 2 if possible)		
Places Registrant likes to Frequent		
List Registrant's School or Employment (Address and Phone #)		
Doctor's Name, Address & Telephone/ Preferred Hospital		
Any other information: (Best way to approach Registrant/ Does sirens, lights upset them?)		
Name of Person Entering Registrant	Relationship	Signature & Date
Contact Email of Person Registering: _____		
Please attach a photo or email a digital photo with name to mdawkins@hillsidenj.us Questions call (908) 355-8928		