



Fees Paid:

Wk. #1 _____ Wk. #4 _____
Wk. #2 _____ Wk. #5 _____
Wk. #3 _____ Wk. #6 _____

Summer School Application 2023

Please complete and return with a \$50 non-refundable registration fee.

Please be aware that summer school is ORIENTATION for all new students. ALL New students are required to attend summer school.

Child's name: _____ Male ☐
Female ☐

Birthday: _____ Present age: _____
Month / day / year

School: _____ Current Grade: _____

Home telephone number: _____

Name of the person the child lives with: _____

Mother's name: _____

P.O. Box: _____ Home telephone: _____

Street Address: _____

Place of employment: _____

Work telephone: _____ Cell phone: _____

Email Address: _____

Father's name: _____

P.O. Box: _____ Home telephone: _____

Street Address: _____

Place of employment: _____

Work telephone: _____ Cell phone: _____

Email address: _____

OTHER PERSONS AUTHORIZED TO PICK UP:

*** Please list the name of persons authorized by the parents to pick up the child from school. Your child will not be released to anyone other than those on this list unless we receive direct permission from you.

Guardian #1. _____ Cell # _____

Guardian #2. _____ Cell # _____

Guardian #3. _____ Cell # _____

complete
both sides

Medical History

Please answer each question as accurately as possible to ensure proper care and attention

1. Does your child have any academic limitations of which we should be made aware?

2. Allergies? How do they manifest themselves?

3. Does your child have any eye, ear, or speech difficulties or physical limitations?

Behavioral Description

The following statements may apply to your child. If the statement applies to your child, or was a concern in the past, answer 'YES' and, if not, answer 'NO'. Try to answer every item.

1. My child engages in flapping hands, spinning in circles, walking on toes.	<input type="radio"/>	YES	<input type="radio"/>	NO
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2. My child lines up toys and other objects during play.	<input type="radio"/>	YES	<input type="radio"/>	NO
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3. My child repeats or 'echoes' what he/she has just heard from other people.	<input type="radio"/>	YES	<input type="radio"/>	NO
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4. My child's speech is delayed	<input type="radio"/>	YES	<input type="radio"/>	NO
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5. My child cannot start or hold a conversation with others.	<input type="radio"/>	YES	<input type="radio"/>	NO
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6. My child usually ignores me when I call for him/her.	<input type="radio"/>	YES	<input type="radio"/>	NO
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7. My child often uses odd words that he/she seems to have made up.	<input type="radio"/>	YES	<input type="radio"/>	NO
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8. Making eye contact with people is very difficult for my child.	<input type="radio"/>	YES	<input type="radio"/>	NO
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9. Even minor changes in schedules or plans cause my child to have outbursts.	<input type="radio"/>	YES	<input type="radio"/>	NO
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10. Loud noises really bother my child.	<input type="radio"/>	YES	<input type="radio"/>	NO
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11. My child only eats a very limited number of foods.	<input type="radio"/>	YES	<input type="radio"/>	NO
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12. My child has a very rich and advanced vocabulary that is well beyond his/her peers.	<input type="radio"/>	YES	<input type="radio"/>	NO
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13. My child repeats certain phrases over and over, such as repeating commercials or favorite movie scripts.	<input type="radio"/>	YES	<input type="radio"/>	NO
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14. During meal times, my child refuses to eat or has severe tantrums.	<input type="radio"/>	YES	<input type="radio"/>	NO
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15. My child will eat only foods with certain textures (e.g., only crunchy foods).	<input type="radio"/>	YES	<input type="radio"/>	NO
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