Application for Summer Camp 2019

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General Information

Name of Camper_____

Nickname _____

Date of Birth _____Age _____

School Information

Current School_____

Current Grade _____

Current School Address _____

Dates of Attendance_____

Current School _____Phone # _____

Current School
Address_____

Prior Schools: Please list all Schools/Date of Attendance/ Phone Numbers:

_____

_____

_____

Contact Information:

Name of Parents _____

Home Address _____

Home Phone Number_____

Cell Phone (M) _____ Cell phone (D)_____

Father's Occupation _____ Work Number _____

Father's Employer _____

Father's Email _____

Mother's Occupation_____ Work Phone_____

Mother's Employer _____

Mother's Email _____

Please provide secondary residence with name of parent/guardian and contact info:

_____
_____

How were you referred to The Diener School Camp?

_____

Child's Medical History

Were there any medical concerns at birth? _____

_____
_____
_____

Have there been any hospitalization since birth? _____

_____
_____
_____

Is your child taking any medication? If so, name and dosage: _____

_____
_____
_____

Name and phone of prescribing/supervising physician: _____

_____
_____
_____

How long has your child been on this medication? _____

_____

What other medications has your child taken in the past? _____

_____
_____

Does your child have any medical diagnosis, health, asthma, allergy issues?

_____
_____
_____

_____
_____

Does your child have a formal or informal diagnosis of some type (Learning Disability, PDD, ADHD, etc) If yes please describe history of who performed testing, concluded diagnosis and approximate date of diagnosis and enclose report:

_____
_____
_____
_____

Therapeutic History

Please list the types of therapies your child is currently receiving, name and contact info of provider (tutoring, speech, sensory, etc.) How often? Please use attached sheets for additional information.

1. _____

_____
_____

2. _____

_____
_____

3. _____

_____
_____

4. _____

_____
_____

Please list any other significant therapeutic resources your child previously received and whether you found them to be successful: _____

_____

Attention Challenges

Does your child have difficulty focusing on schoolwork? _____

_____
_____
_____

Does your child sustain attention appropriate to his/her peer group? _____

_____
_____
_____

Rate your attentional concerns: (1 very concerned, 2 somewhat concerned, 3 no attentional concerns). Specify if necessary: _____

_____
_____
_____
_____
_____

Social/Emotional

Please describe any social, emotional, and/or behavioral concerns that affect your child:

In school: _____

_____
_____
_____

Outside of School: _____

_____
_____
_____

Please describe your child's social/emotional strengths: _____

_____
_____
_____

Is your child anxious or depressed? Please describe: _____

_____
_____
_____

Does your child take part in a social pragmatics group? If so with whom? _____

_____
_____
_____

Does your child have difficulty making friends? _____

_____
_____
_____

Does your child have trouble maintaining friendships? _____

_____
_____
_____

How would you rate their self-esteem? _____

_____
_____
_____

Does your child have meltdowns in school? _____

_____
_____
_____

Does your child have meltdowns at home? _____

_____
_____
_____

Does your child enjoy play-dates? _____

_____
_____
_____

How do you think his/her social skills compare to their peers/siblings?

_____
_____

_____
_____

How does your child relate to adults? _____

_____
_____
_____

How does your child relate to peers? _____

_____
_____
_____

Does your child relate better to adults than with his own peers? _____

_____
_____
_____

Sensory Checklist

1. Has your child ever been diagnosed or treated for sensory integration/sensory processing disorder? _____

_____
_____

2. Does your child have tactile defensiveness?_____

_____
_____

3. Does your child crave sensory input? _____

_____
_____

4. Does your child have any eating/feeding concerns? _____

_____
_____

5. Does your child crave movement? _____

_____
_____

6. Does your child shy away from loud noises, crowded rooms, etc.? _____

_____
_____

Please comment on your concerns regarding your child's sensory issues: _____

_____
_____
_____
_____

Academic Questions

Does your child like school? _____

What type of teacher does your child best relate to? _____

_____
_____
_____

What is your child's area of academic strength?

_____

_____

_____

What is your child greatest challenge in school?

_____
_____
_____

General Questions/Comments

Please list some of your child's favorite activities:
_____

_____
_____
_____

Things child dislikes: _____

_____
_____
_____
_____

Does your child have any special interests? _____

_____
_____
_____
_____

What is your child's greatest strength? _____

_____
_____
_____
_____

What is your child's greatest challenge? _____

_____
_____
_____
_____

What are your child's favorite TV shows/movie/books? _____

_____
_____
_____
_____

Does he /she gets along with siblings? _____

_____
_____
_____
_____

Please make any other comments you feel would be helpful to us in knowing and working with your child. Feel free to attach a separate sheet for this answer.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please Note: As we don't have a recommended IQ score, our students need to demonstrate cognitive potential to benefit from our program. As we are here to provide the optimal educational experience for our students, we require that all questions must be answered with complete honesty and all of the above documents must be disclosed. The Diener School reserves the right to deny admission or remove for expulsion if there are any material disclosures that were not made.

Signature: _____ Date: _____

Print Name: _____