



Application for Summer Camp

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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's 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? _____

