



CAMP ACORN APPLICATION FORM

Child's Name: _____ DOB: _____ Age: _____ Current Grade: _____

Child T-Shirt Size (circle one): XS S M L

Parent(s) Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

<input type="checkbox"/>	My child is currently a Parish School Student
<input type="checkbox"/>	My child is currently in the admissions process for the 2017 – 2018 school year <i>*Documents submitted to Camp Acorn and Admissions will be shared. Acceptance into Camp Acorn does not guarantee acceptance into The Parish School for the 2017 – 2018 school year. Please contact the Director of Admissions for questions regarding your application to The Parish School.</i>
<input type="checkbox"/>	Summer-Only Student Has your child attended Camp Acorn in the past? Yes or No
<input type="checkbox"/>	\$50 New Camper Application non-refundable fee only for children NEW to The Parish School

PAYMENT OPTIONS

Please reserve a spot for my child at Camp Acorn Summer 2017. I understand the \$250 deposit is non-refundable. If I choose to withdraw my application after April 27, 2017, the full tuition is non-refundable.

Please check your preferred payment option:

<input type="checkbox"/> Option 1	10 % Discount on camp <i>Tuition ONLY</i> when enrolled and paid in full by <u>February 24, 2017</u> Choose form of payment: <input type="radio"/> I am paying in full by check now (enclosed) <input type="radio"/> I am paying in full now by direct debit (Direct Debit form is attached)
<input type="checkbox"/> Option 2	Enroll with \$250 non-refundable deposit by CHECK now and balance by Direct Debit on or about April 30, 2017
<input type="checkbox"/> Option 3	Enroll with \$250 non-refundable deposit by DIRECT DEBIT now and balance by Direct Debit on or about April 30, 2017

MORNING PROGRAMS: (Monday – Friday 9:00 a.m. – 12:00 p.m.) *For a more detailed description of each program, please visit <http://www.parishschool.org/campus-life/summer-programs/camp-acorn/>*

Please check the appropriate program box for your child.

<input type="checkbox"/> Language Program (\$2,100 for the month)	Classroom-based language therapy for children who have communication & learning differences (2 – 12 years old)
<input type="checkbox"/> Adventure Playground (\$1500 for the month)	Open to students who have language & learning differences, as well as typically developing children 6 – 12 years <i>Limited space available, not subject to insurance reimbursement</i>

ADDITIONAL OPTIONS:

Please check all that apply.

<input type="checkbox"/> Afternoon Enrichment Program (\$600 for the month)	Monday – Thursday 12:00 – 3:00 p.m. Elementary classes offer a variety of extracurricular activities: cooking, yoga, art, splash day and more activities! Early Childhood students will have an opportunity for rest time & participation in fun physical activities arts & crafts and more.
<input type="checkbox"/> Early Drop Off (\$200 for the month)	Monday – Friday with drop-off as early as 8:00 a.m. A teaching assistant supervises students until carpool begins and then escorts them to class.
<input type="checkbox"/> Additional 2017 Camp T-shirts (\$12 each): Two T-shirts are included as part of the tuition and are a requirement for the summer camp uniform.	I would like to purchase _____ additional shirts in size _____.



Applications will not be processed until the following documents are submitted. Completed Applications are processed in the order they are received

<u>Current TPS Student Camper Checklist:</u>	<u>Returning Community Camper Checklist:</u>	<u>NEW Community Camper Checklist:</u>
<input type="checkbox"/> Application Form <input type="checkbox"/> Direct Debit Form (below) or Payment in full attached	<input type="checkbox"/> Application Form <input type="checkbox"/> Direct Debit Form (below) or Payment in full attached <input type="checkbox"/> Request/Release of Information (Page 9 of Case History document) <input type="checkbox"/> Teacher Questionnaire <input type="checkbox"/> Therapist Questionnaire	<input type="checkbox"/> Application Form <input type="checkbox"/> Direct Debit Form (below) or Payment in full attached <input type="checkbox"/> Request/Release of Information (Page 9 of Case History document) <input type="checkbox"/> Case History Form <input type="checkbox"/> Teacher Questionnaire <input type="checkbox"/> Therapist Questionnaire <input type="checkbox"/> Child Developmental Inventory completed for Preschool Applicants <input type="checkbox"/> Supporting documents such as most recent developmental evaluations, therapy reports, standardized testing, etc

This application has my approval and consent.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____ Student Name: _____

Please return this form and payment/direct debit form below to the front office check box or mail to The Parish School.

This form will not be accepted without the completed direct debit form or payment in full attached. Make checks payable to The Parish School.

Acceptance and placement will be determined by the Camp Acorn team. If you have questions, please contact Summer Camp Director Stefanie Heintz at sheintz@parishschool.org or 713-467-4696 ext. 127.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we), _____, parent(s) of _____, hereby authorize The Parish School to initiate debit entries to my (our) ___checking account/ ___ savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This Authorization is to remain in full force and effect until The Parish School has received written notification from me (I or either of us) of its termination in such time and in such manner as to afford The Parish School and DEPOSITORY a reasonable opportunity to act on it.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____





CAMP ACORN APPLICATION FORM

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_____ **This application has my approval and consent.** (please initial)

Application continued on page 2





THE PARISH SCHOOL

Application

Date: _____

Information provided by: _____

Child's Name:

First Middle Last Name Called

Address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____ Gender: _____

Parent 1: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(if different)

Contact Numbers: Home: _____ Work: _____ Cell#: _____

Email Address: _____

Occupation: _____ Employer: _____

Education: _____

Parent 2: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(if different)

Contact Numbers: Home _____ Work _____ Cell#: _____

Email Address: _____

Occupation: _____ Employer: _____

Education: _____

Marital Status of Parents: married ___ divorced ___ separated ___ widowed ___ remarried _____

Who has legal custody of this child? _____

Confidential and Privileged

Don't just grow. Thrive!

Child's name: _____



THE PARISH SCHOOL

Is this child adopted? _____ At what age? _____ Is he/she aware of this? _____

Please list the occupants of your child's home:

Household 1			Household 2		
Name	Age	Relationship	Name	Age	Relationship
_____			_____		
_____			_____		
_____			_____		

Is any language other than English spoken in the home? _____ Which? _____

Does your child understand the language? _____ Does your child speak the language? _____

Who referred you to The Parish School? _____

FAMILY HISTORY:

Is there a family history of speech, language, or learning difficulties? _____ If yes, please complete the following to briefly describe the difficulty:

Biological Father's Family History: (include father's history, his brothers and sisters, nieces, nephews)

Difficulties in Speech/Language Development:

Medical Conditions:

Difficulties in School:

Biological Mother's Family History: (include mother's history, her brothers and sisters, nieces, nephews)

Difficulties in Speech/Language Development:

Medical Conditions:

Difficulties in School:

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Child's name: _____



Sibling's History:

Difficulties in Speech/ Language Development:

Medical Conditions:

Difficulties in School:

DEVELOPMENT:

Pre- and Post- Natal/ Infant:

Which pregnancy was this (include miscarriages, stillborn, children who have died)? _____

What was your general state of health during the pregnancy? _____

Were any substances used (medications, tobacco, alcohol, other)? If yes, please list. _____

Check all that apply to delivery:

Cesarean
Anesthesia
Inducement

Very long labor
Very short labor
Use of instruments

Were there any immediate problems with your baby after delivery (breathing, injury, jaundice)? If so, please describe.

Weight: _____ Length: _____

Was your baby nursed or bottle fed? _____ How long? _____

Any feeding difficulties? How long? _____

Any sleeping difficulties? How long? _____

Did your child do any thumb sucking? _____ For how long? _____

Did your child use a pacifier? _____ For how long? _____

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Child's name: _____



THE PARISH SCHOOL

Early Childhood:

Language/Social Communication Milestones (age of onset)

Smiles at another _____ Babbling _____ Maintains eye gaze _____

Imitation _____ Two or three word phrase _____ Uses gestures (i.e. points) _____

Uses complete sentences _____

Please describe any areas of concern (articulation, socialization, receptive language, expressive language, echolalia ("parrots" what is said) _____

Gross Motor Milestones: (age of mastery if applicable)

Sat independently _____ Walked independently _____

Run smoothly _____ Jump with 2 feet _____

Climb play equipment _____ Skip with coordination _____

Ride a bike: three-wheeler _____ training wheeler _____ Two -wheeler _____

Fine Motor Milestones: (age of mastery if applicable)

Used writing utensils _____ Toilet Trained: Day _____ Night _____

Used eating utensils _____ Fasten Clothing: _____ Tie Shoes _____

Is he/she left-handed or right-handed? _____ Does he/she change from hand to hand? _____

Please describe any areas of concern (i.e., fine or gross motor, balance) _____

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11001 Hammerly Blvd. | Houston, TX 77043 | Phone: 713.467.4696 | Fax: 713.467.8341 | www.parishschool.org

Child's name: _____



THE PARISH SCHOOL

SOCIAL/EMOTIONAL/BEHAVIORAL HISTORY:

Does your child exhibit any distinctive behavioral characteristics? If yes, please describe.

Does your child play well with siblings? _____

Does your child prefer to play alone? _____

Does your child prefer to play with older, younger or same age peers? (Please check all that apply)

Is your child aware of his/her difficulties? _____

What are your child's favorite activities? _____

What methods of discipline are used? _____

What are your child's reactions to discipline? _____

Who is usually responsible for discipline? _____

Please check all that apply to your child:

- _____ Quiet
- _____ Sensitive to change in routine
- _____ Daydreams
- _____ Irritable
- _____ Sensitive to certain clothing/textures
- _____ Dislikes being touched
- _____ Resistant to change
- _____ Repetitive Behaviors (i.e. flapping)
- _____ Head Banging

- _____ Happy
- _____ Sensitive to loud noises
- _____ Withdrawn
- _____ Aggressive
- _____ Unusual Fears
- _____ Hyperactive
- _____ Affectionate
- _____ Food Aversions
- _____ Biting/Hair Pulling

Other: _____

EDUCATIONAL HISTORY:

Name of current school placement and grade/class: _____

In your child's classroom, what is the number of: Teachers _____ Students _____

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Child's name: _____



THE PARISH SCHOOL

Has he/she repeated any grades? If so, which? _____

With what area(s) has your child had particular difficulty? _____

With what area(s) does your child excel? _____

Has your child had special help through the school? If so, describe. _____

How does he/she child feel about school? _____

Do you think your child's teacher likes him/her? _____

Does the teacher describe your child with any of the following comments (please check):

- | | |
|---|---|
| <input type="checkbox"/> Cannot follow directions | <input type="checkbox"/> Learns best using multi-sensory approach |
| <input type="checkbox"/> Seems to be daydreaming | <input type="checkbox"/> Learns best auditorily |
| <input type="checkbox"/> Cannot sit still | <input type="checkbox"/> Learns best visually |
| <input type="checkbox"/> Picks on other children | <input type="checkbox"/> Has a difficult time expressing his/her thoughts |
| <input type="checkbox"/> Is aggressive | <input type="checkbox"/> Doesn't seem to comprehend what's said |
| <input type="checkbox"/> Is sneaky | <input type="checkbox"/> Cannot complete tasks |

Other Schools Attended:

Please list all schools (include preschools) your child has attended, including dates and reasons for withdrawal.

<u>Name of School</u>	<u>Grades</u>	<u>Dates Attended</u>	<u>Reason for Withdrawal</u>
-----------------------	---------------	-----------------------	------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Child's name: _____



MEDICAL HISTORY:

Child's Physician: _____ Telephone #: _____

Does your child have allergies? If yes, what types? _____

Please list any illnesses/injuries you child has had that led to hospitalization or extensive care (i.e. prolong fever, concussions, broken bones, seizures, surgeries, etc.):

Does your child have any long-term medical condition for which he/she is now being or has been treated?

Does your child take any medication regularly? If so, what medication and for what condition? .

Has your child had frequent colds or ear problems? If yes, please list about how many and the treatment provided.

(Were P.E. tubes inserted? When?) _____

Has your child had a vision test? If so, where and when? What were the results? _____

Has your child had a hearing test? If so, where and when? What were the results?

Has your child had a neurological examination? If so, where and when? What were the results?

Has your child had a psychological examination? If so, where and when? What were the results?

Has your child had a recent medical examination? If so, where and when? What were the results?

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Child's name: _____



THE PARISH SCHOOL

Other Professionals:

List other professionals (speech/language pathologists, psychologists, psychiatrists, neurologists, tutors, educational diagnosticians, etc.) your child has seen in the past or is currently seeing:

Name	Telephone Number	Dates Under Care In The Past	Current Appointment Days & Times	Reason for seeing

Please use this area for any additional comments or concerns:

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THE PARISH SCHOOL

AUTHORIZATION FOR REQUEST/RELEASE OF INFORMATION

I hereby authorize The Parish School and The Carruth Center to **REQUEST/RELEASE** information which may be helpful in providing services for my child (full name),

_____.

Below are the persons, agencies and schools that The Parish School may contact:

Name	Address	Telephone #
1.	_____	

2.	_____	

3.	_____	

4.	_____	

5.	_____	

I understand any information obtained is strictly confidential and privileged.

Parents or Legal Guardians:

Signature: _____

Signature: _____

Date: _____

Date: _____

A copy of this instrument is as valid as the original.

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Please note, this form is to be completed by your child's teacher



THE PARISH SCHOOL

ELEMENTARY SCHOOL QUESTIONNAIRE

To the Parent or Guardian: Please fill in your child's name in the space below and read and sign the following before giving this form to your child's teacher.

Applicant's Name: _____

I waive my right of access and that of my son/daughter to this evaluation form. I ask that the teacher complete this form and mail it directly to The Parish School. Forms that are returned by the parents cannot be accepted.

Parent/Guardian Signature: _____ Date: _____

We appreciate your willingness to help us consider this child. Please return this form promptly so we can process this application.

Name of Child: _____ Date: _____

School: _____

Teacher/Care Giver: _____

Person completing form: _____ Title: _____

Best day/time/number to contact for additional questions:

Since educational facilities provide a variety of settings for young children, it will help us if we understand your school's program.

Please check the appropriate description(s) of your facility:

- | | |
|---|---|
| <input type="checkbox"/> All-day program | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> Part-day program | <input type="checkbox"/> Mainstream Classroom |
| <input type="checkbox"/> Private School | <input type="checkbox"/> Self-Contained Classroom |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Other (please elaborate) |

Does your student receive any Special Education Services (Speech-Language, Occupational Therapy, psychological, etc). If so, please describe type and frequency:

Grade: _____ Student-teacher ratio in this class: _____ Total # of students in class: _____

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THE PARISH SCHOOL

Classroom Skills

	Never	Seldom	Sometimes	Often
Listens in a group				
Is cooperative				
Participates in group activities				
Requires 1:1 assistance to remain in group				
Demonstrates ability to focus on one task				
Follows classroom routines				
Is dependent, requires more structure than classmates				
Is easily directed from one activity to another (transitions)				
Is curious				
Responds to directions				
Can work independently during activity time				
Completes work begun				
Attends to personal needs without help or reminding				
Shows originality in activities				
Non-participant				
Prodding to complete work				
Is impulsive, disruptive				

Language Social-Emotional Development

	Never	Seldom	Sometimes	Often
Engages in spontaneous conversation				
Listens attentively to stories				
Plays well with peers				
Expresses ideas				
Demands must be met immediately				
Temper outbursts, explosive and unpredictable behavior				
Expresses his own thoughts				
Quarrelsome				
Mood changes quickly and drastically				
Initiates play activities				
Observes peers during play				
Imitates peers during play				
Shows physically aggressive behaviors				
Shows appropriate control of emotions				

See Page 3

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THE PARISH SCHOOL

Language Social-Emotional Development (Continued):

Never Seldom Sometimes Often

Is cheerful at school				
Rejected by children				
Plays well with peers				
Feels good about himself				
Seems worried				

Learning Development:

Poor Average Above Average Superior

Oral Reading				
Silent Reading				
Level of Comprehension				
Arithmetic				
English/Grammar				
Written Composition				
Verbal Expression				
Spelling				
Attendance				

Please check the words that best describe your student:

Confident	Serious	Oppositional	Detached
Courteous	Respectful	Determined	Cooperative
Flexible	Spirited	Easily Frustrated	Aggressive
Motivated	Impulsive	Cheerful	Engaged

See Page 4

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THE PARISH SCHOOL

Does the student exhibit any of the following traits?

Perseveration ____ with what _____ how often: Never ____ Sometimes ____ Often ____

Average length of attention span _____

Does child exhibit stereotyped repetitive behaviors? _____ If yes please describe: _____

Does he/she have trouble keeping his/her hands to him/herself? _____

Is child responsive to redirection? _____

What redirection strategies are most successful (physical/verbal/visual redirection)?

Does he/she acclimate to new environments/people easily? _____ If no, what is approximate length of time it takes for child to acclimate? _____

Do you see him/her being successful with up to 10 peers and 2 adults? Please Describe:

See Page 5

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THE PARISH SCHOOL

What do you consider this child's notable strengths to be in the following areas: Language, Attention, Social, Behavior, Academics or Other). Please Describe.

What do you consider this child's notable weaknesses to be in the following areas: Language, Attention, Social, Behavior, Academics or Other). Please Describe.

What steps have been taken to address your areas of concern?

Is the parent supportive of school's policies? Yes or No

Is parent supportive of school's suggestions? Yes or No

Please use this space to provide any additional information you feel is pertinent:

We thank you for your time as we consider your student for our setting.

Your professional observations are invaluable to our team and are confidential and privileged.

Please return form to The Parish School via fax, email or mail.

Fax: 713.275.0246. Email: sswantner@parishschool.org Address: 11001 Hammerly Blvd. Houston, TX 77043.

Don't just grow. Thrive!



Please note, this form is to be completed by your child's therapist.

Therapist Request for Information

Applicant's Name: _____

I waive my right of access and that of my son/daughter to this evaluation form. I ask that the therapist complete this form and mail it directly to The Parish School. Forms that are returned by the parents cannot be accepted.

Parent/Guardian

Signature: _____ **Date:** _____

To the Therapist: We appreciate your willingness to help us consider this child. Please return this form promptly so we can process the application. An applicant will not be considered until all documentation (including this form) has been completed and returned to the school directly.

Name of Child: _____ Date: _____

Person completing form: _____

Services Provided/Diagnostic Codes: _____

Best day/time/number to contact for additional questions:

1. How long have you been working with this child? In what type of setting (group, individual, etc)
2. In general, what are your current treatment goals (If possible attach any current treatment plans/reports)?

Don't just grow. Thrive!



Please note, this form is to be completed by your child's therapist.

3. a. What progress have you seen?

b. Progress has been: slow steady rapid

4. How can we help facilitate progress in the classroom?

5. What specific concerns do you have?

6. What are your client's strengths?

We thank you for your time as we consider your student for our setting. Your professional observations are invaluable to our team.

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Attn: Camp Acorn Director
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Houston, Texas 77043
Or fax:
713-467-8341

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