



Student Application

Student Information

Student's Legal Name: _____

Nick Name: _____ **Last** _____ **First** _____ **Middle** _____
Age: _____ **Grade:** _____

Parent/ Legal Guardian: _____
Last _____ **First** _____

Home Phone: _____ **Cell Phone:** _____

Home Address: _____ **City:** _____
State: _____ **Zip:** _____

Family Information

Family Contact & Pick- up Person/People

1) _____	2) _____
License # _____	License # _____
Day Phone: _____	Day Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	Email: _____
Work: _____	Work: _____

Emergency Contact Person/People

1) _____	2) _____
License # _____	License # _____
Day Phone: _____	Day Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	Email: _____
Work: _____	Work: _____

Student History

Date of Birth: _____ **Birthplace:** _____ **Sex:** _____

What is your student's primary diagnosis?

Is your student in an Exceptional Student Education Program? Yes No

Name of the ESE Program(s):
(mild / multi VE / language, etc) _____

Medical Information

Please list any of the child's diagnoses and the dates they were made; include developmental as well as health related diagnoses.

Diagnosis: _____ **Date:** _____

Diagnosis: _____ **Date:** _____

Please list any medications the child is currently taking.

Medication: _____ **Daily Dosage:** _____ **Start Date:** _____

Explanation of Medication: _____

Medication: _____ **Daily Dosage:** _____ **Start Date:** _____

Explanation of Medication: _____

Primary Physician's Name: _____ **Phone:** _____

Allergies:

- Food** _____
- Medication:** _____
- Environmental:** _____

Is the child's vision within normal limits? YES NO

If no, please explain: _____

Is the child currently medically stable? YES NO

If no, please explain: _____

Is the child's hearing within normal range? YES NO

If no, please explain: _____

Does the child refuse food? YES No

If yes, please explain: _____

Please list the child's primary maladaptive behaviors: _____

List any known "triggers": _____

How does your child self-soothe / stimulate? _____

Name any sensory issues your child will react to: _____

Program & Session Reservation

Insurance Information

Teens Together Camp

For teens on the spectrum

Weekly: 9am -2pm

_____ \$40.00 Registration Fee

Registration Fee must be paid to secure student's spot within the camp. Camp size is limited.

√	Session	Dates
	Session I	June 18-20
	Session II	June 24-27
	Session III	July 2 & 3
	Session IV	July 9-11
	Session V	July 16-18
	Session VI	July 23-25
	Session VII	July 30- Aug. 1
	Session VIII	Aug. 6-8

*****Please attach a copy of your child's insurance card, front and back*****

Insurance Fees include 10 hours of Psycho-Social Rehabilitation; weekly individual and group therapy sessions for a weekly total of \$483.68 as determined by Medicaid. Private pay will be determined on a sliding scale from \$150-\$250 and DOES NOT include individual therapy, unless requested and paid for separately (by insurance or out of pocket).

Insurance Provider: _____ **Member ID#:** _____

Rx Group: _____ **Rx BIN:** _____ **Rx PCN:** _____

FOR STAFF USE ONLY

Pre Approval Date: _____ **Signature:** _____

Approved Hours:

PSR _____ **IC** _____ **GC** _____

Signatures

I attest that my child has the stamina to maintain his emotional regulation during the camp session & under most circumstances will not require support beyond those offered to the group as a whole. I understand that any consistently repeated periods of dysregulation will mean my child will be removed from the camp session for the enjoyment of the other campers, and the session fees will be forfeited.

Signature: _____ Date: _____
Parent/Legal Guardian

I agree to pay to replace or fix any materials or equipment owned by the school, proven to be broken by my child.

Signature: _____ Date: _____
Parent/Legal Guardian

I give permission for the staff of The Chase Academy, Inc. to seek medical attention in case of an accident, injury, or illness.

Signature: _____ Date: _____
Parent/Legal Guardian

I understand that the children's safety comes first, but that there may be a rare occasion when a child may get hurt from the natural course of play or social interaction, and will not hold The Chase Academy liable for any injury that may occur from the normal course of play. I understand accident reports and witnesses will be provided in writing to all parents for any such incident.

Signature: _____ Date: _____
Parent/Legal Guardian

I give permission for my child to be photographed while at the school or on a camp function for the purpose of instruction, observation, information or advertisements.

Signature: _____ Date: _____
Parent/Legal Guardian

I affirm that all information included in this application is true and correct. I agree to pay a one-time non-refundable registration fee to reserve my child's place.

Signature: _____ Date: _____
Parent/Legal Guardian

Nondiscriminatory Policy: The Chase Academy, Inc. will admit students of any race, national and ethnic origin, religion, or sexual orientation and every student will have the same rights, privileges, and programs made available or generally accorded to students at the school. The Chase Academy, Inc. does not discriminate on the basis of race, national or ethnic origins, religion, or sexual orientation in administration of its education policies, admissions policies, financial programs, and athletic or other school administered programs.