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Hillside School%o %o o] š] } v () œ u] ••] } v

APPLYING FOR

GRADES_1 r12BoardingPlacementDate: _____
DayPlacementKINDERGARTEN: Full Day*
Half Day

3 Day

4 Day

5 Day

*Full Day programs include an organic lunch. Option for early drop off at 8:30am if pre arranged.

This form is being completed by: _____ Relationship to Child: _____

Child's FullName: _____ DOB: _____

Place of Birth: _____

Occupation: _____ DOB: _____

Street

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Address: _____

City, ST, Zip: _____

Phone: _____ (H) _____ (C) _____ (W)

Email: _____ Fax: _____

Occupation: _____

Business Name/Address: _____

Check here if } A Custodial W œ v š has educational rights granted through divorce settlement.

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Child Custody Forms

BIOLOGICALMOTHER

Name as Custodial

Name: _____ DOB: _____ Age at Child's Birth: _____

Street Address: _____ addKEW _____ DCE _____

City, ST, Zip: _____ 850 _____ DCE _____

Phone: _____ (H) _____ (C) _____ (W) _____

Email: _____ Fax: _____ tA _____

Occupation: _____ ZuDE _____

Business Name/Address: _____

BIOLOGICALFATHER ^ u • μ•š }] o

Name: _____ DOB: _____ Age at Child's Birth: _____

Street Address: _____ addKEW _____ DCE _____

City, ST, Zip: _____ 850 _____ DCE _____

Phone: _____ (H) _____ (C) _____ (W) _____

Email: _____ Fax: _____ tA _____

Occupation: _____ ZuDE _____

BusinessName/Address: _____

Ifyouareapplyingforboardingplacement, pleasetell ussomeofyourreasonsormotivatingfactors:

CHILD INFORMATION

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Mo

yvryZy

Dpʃz

oll(ʃv)

tZy

EʃWʃʃɔvərZy

KzE

Height: _____ Weight: _____ HairColor: _____ EyeColor: _____

Scars/IdentifyingMarks: _____ z

ZoPʃʃWz

EMERGENCY CONTACT

Name: _____ Relationshipto Child: _____

Address: _____

Phone: _____ (H) _____ (C) _____ (W) _____

Please list all diagnosed medical conditions below:

DEVELOPMENT

When did you become concerned your child was developing normally and what were your actions?

Were there any periods of regression, loss of speech, etc?

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COMMUNICATION

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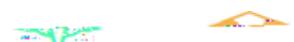
What other means are used to communicate (sign, gesture, assistive device, etc.)?

BEHAVIOR

What, if any, special behavioral treatment or therapy has your child received (i.e. ABA services, or ABA (Applied Behavioral Analysis)?

Where were these services received? Please list name(s) and address(es).

BEHAVIOR



SkillCheckTheCase

BEHAVIOR- } v š [•

D • OE] v Č emotional difficulties Z]o u Č z À X

SELF-CARE/MOBILITY

- OE] Č } μ OE Z]o [• edění/oblékání (i.e. brushing hair, dressing, bathing, oral hygiene, etc.).

- OE] Č } μ OE Z]o [• š]v P Z]š• ~]X X μ • hdy(y pův chodí do koupelny k jednání s dítětem) v š U

Has your child ever had feeding or swallowing therapy? z • E }

If yes, please list when this occurred, for what purpose and how it was resolved (if at all).

Is your child currently on a special diet (gluten-free, casein-free, pureed, thick liquids, vegan, etc.)? z • E }

If yes, please explain along with the reason for the special diet?

/ •Č } μ OE] o štýl jídl ŠW Č M z • E } E]P Z š M z • E }
 • OE]Č } μ OE] o [• š }]o š]v P} OE](S) OE v Č %o š]À equipment (i.e. grab bars, etc.).

D • OE] your child - • v () OE assistance and/or adaptive equipment for mobility (i.e. walker, braces, wheelchair, etc.)?

SELF-CARE/MOBILITY } v š [•

Describe how your child moves around his/her home, school, community

SOCIAL~ } v š [•

Social Emotional Health

What things scare or worry your child?

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Describe how your child gets along with mother, father, ~~sister~~ other family members? (i.e. Does he/she display normal affection?)

Describe how your child relates to peers?

Are there any family social/economic issues (i.e. with housing, employment, food, etc.)? z •
If yes, please describe.

Please select any of the following items below that apply to your child in some way or another W

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v Ø] š Ç	d Ø v•]š]}v •	

EDUCATION

List your child's previous school history:

SCHOOL NAME	GRADE(S)	DATES ATTENDED	REASON FOR LEAVING
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EDUCATION (cont'd)

Has your child been prescribed or given any alternative treatments (~~diets, supplements~~, therapy, homeopathy, etc.)?

If yes, please list details below.

THERAPY	DATE(S)	REASON

EDUCATION(cont'd)

If your child is accepted as a boarding student, would you plan to make on rcampus visits?
If yes, how often?

If your child is accepted as a boarding student, would you plan to take your child on weekend visits?
If yes, how often?

Please dist any additional comments, thoughts and/or concerns relating to any of the previous questions, or information you feel important to share that was not asked for.

How did ythat

- By email to your assigned Admissions Coordinator or
- By mail to W Admissions Office
 The Camphill School
 1784 Fairview Road
 Glenmoore, PA 19343