





BIOLOGICALMOTHER

ame as Custodial

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at Child's Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

BIOLOGICALFATHER

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at Child's Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

BusinessName/Address: \_\_\_\_\_

If you are applying for boarding placement, please tell us some of your reasons or motivating factors:

CHILD INFORMATION

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Identifying Marks: \_\_\_\_\_

EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to 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. ~~wrap~~ services, or ABA (Applied Behavioral Analysis)?

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

BEHAVIOR



BEHAVIOR- } v š [ •

D • Ć ] v Ć emotional difficulties Z ] o u Ć Z À X

SELF-CARE/MOBILITY

• Ć ] Ć } μ Ć Z ] o [ • ] o p e s s i e s (i.e. brushing hair, dressing, bathing, oral hygiene, etc.).

• Ć ] Ć } μ Ć Z ] o [ • š ] v P Z ] š • ~ ] X X μ • h o w y o u r c h i l d r e l a t e s t o f o o d / s n a c k s (e.g., how many times per day)

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?

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• Ć ] Ć } μ Ć ] o [ • š ] o š ] v P Ć ] (š • Ć v Ć % š ] À u i p m e n t (i.e. grab bars, etc.).

D • Ć ] your child – • v ( ) Ć 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





**EDUCATION**

List your child's previous school history:

| SCHOOL NAME | GRADE(S) | DATES ATTENDED | REASON FOR LEAVING |
|-------------|----------|----------------|--------------------|
|-------------|----------|----------------|--------------------|

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 campus 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 list 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 you that

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