

Celebrate the Children

School for Children with Alternative Learning Styles
Developmental Individual Relationship-based Intervention
55 Lackawanna Drive, Byram, NJ 07874 Ph. (973) 448-0041
19 Linden Avenue, Stanhope, NJ 07874 Ph. (973) 347-4550
www.CelebratetheChildren.org

APPLICATION FOR STUDENT ADMISSION

Please complete all sections. Please type or print. Please mail completed application forms and application free to: Celebrate the Children, 55 Lackawanna Drive, Stanhope, NJ 07874.

PLEASE NOTE: THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

SUBMISSION DATE

NAME OF PERSON SUBMITTING APPLICATION/RELATIONSHIP TO STUDENT

FULL NAME OF STUDENT

AGE

STUDENT'S HOME ADDRESS CITY STATE ZIP

ANTICIPATED ENTRANCE DATE (MONTH/YR)

DISTRICT BOARD OF EDUCATION

CURRENT SCHOOL PLACEMENT (IF APPLICABLE)

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

SUPERVISOR OF SPECIAL SERVICES

CASE MANAGER

PHONE NUMBER

PHONE NUMBER

CLASSIFICATION HISTORY:

PLEASE LIST CURRENT CLASSIFICATION OF STUDENT:

PLEASE LIST YEAR AND AGE OF STUDENT WHEN CLASSIFIED:

FAMILY INFORMATION:

FULL NAME OF FATHER

HOME ADDRESS

HOME PHONE NUMBER

CITY STATE ZIP

CELLPHONE NUMBER

OCCUPATION/POSITION

EMPLOYER

BUSINESS ADDRESS

BUSINESS PHONE NUMBER

EMAIL ADDRESS

FULL NAME OF MOTHER

HOME ADDRESS

HOME PHONE NUMBER

CITY STATE ZIP

CELLPHONE NUMBER

OCCUPATION/POSITION

EMPLOYER

BUSINESS ADDRESS

BUSINESS PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT: IF UNABLE TO REACH PARENT(S)/GUARDIAN, PLEASE LIST A CONTACT:

FULL NAME

RELATIONSHIP TO STUDENT

HOME ADDRESS

HOME PHONE NUMBER

CITY STATE ZIP

CELLPHONE NUMBER

OCCUPATION/POSITION

EMPLOYER

BUSINESS ADDRESS

EMPLOYER

EMAIL ADDRESS

NAMES OF SIBLINGS
ATTENDING

DATE OF BIRTH

SCHOOL

FAMILY HISTORY:

PLEASE LIST FAMILY HISTORY OF PSYCHIATRIC DISORDERS OR MEDICAL CONDITIONS:

PREVIOUS EDUCATIONAL HISTORY, (IF APPLICABLE):

NAME OF SCHOOL	MAILING ADDRESS/PHONE CONTACT	GRADE(S)	DATES

MEDICAL HISTORY:

NAME OF PEDIATRICIAN/DOCTOR(S):

ADDRESS:

PHONE:

HOSPITAL AFFILIATION:

NAME OF NEUROLOGIST:

ADDRESS:

PHONE:

PLEASE DESCRIBE ANY CURRENT OR PREVIOUS MEDICAL CONDITIONS:

PLEASE LIST CURRENT MEDICATIONS, (IF APPLICABLE):

PLEASE LIST ANY ALLERGIES INCLUDING FOOD, PET, BEE STINGS, ETC.

PLEASE SPECIFY IF YOUR CHILD IS ON A SPECIAL DIET:

DOES THE STUDENT SEE A PSYCHOLOGIST/COUNSELOR OUTSIDE OF THE SCHOOL SETTING? _____

PLEASE LIST PROFESSIONALS NAME, ADDRESS AND PHONE NUMBER:

PLEASE LIST REASON(S) FOR INTEREST IN THE CELEBRATE THE CHILDREN PROGRAM:

PLEASE LIST CURRENT TYPES OF INTERVENTIONS YOUR CHILD RECEIVES, (SPEECH, OT, PT, MUSIC THERAPY, FORMAL SOCIAL SKILLS TRAINING, ETC.). PLEASE INCLUDE HRS/WK:

CELEBRATE THE CHILDREN STRONGLY BELIEVES IN WORKING COLLABORATIVELY WITH PARENTS AND CAREGIVERS IN AN EFFORT TO PROVIDE CONSISTENCY IN THE HOME AND SCHOOL ENVIRONMENTS, THEREFORE ALLOWING THE CHILDREN TO REACH THEIR HIGHEST POTENTIAL. TO PROVIDE AN ON-GOING ASSESSMENT REGARDING THE INDIVIDUAL NEEDS OF YOUR CHILD, CELEBRATE THE CHILDREN WILL OFFER OPPORTUNITIES, AT LEAST 1X/MO. FOR PARENTS AND CAREGIVERS TO WORK WITH THEIR CHILD ONE-ON-ONE WITH A TRAINED STAFF MEMBER WITHIN THE SCHOOL ENVIRONMENT. PLEASE STATE WHETHER THIS PORTION OF THE PROGRAM WOULD BE OF INTEREST TO YOU. _____

AS PART OF OUR PROGRAM, VIDEOTAPING MAY BE USED WITHIN THE CLASSROOM TO RECORD, ASSESS AND EVALUATE STUDENT PROGRESS. THIS HAS PROVEN TO BE A VALUABLE RESOURCE AS WE ARE ABLE TO USE RECORDED DATA TO SHOW PARENTS AND CST MEMBERS HOW THE APPROACH IS USED IN THE CLASSROOM, ASSESS AND MONITOR INDIVIDUAL PROGRESS THROUGH TEAM MEETINGS WITH STAFF MEMBERS, AS WELL AS AN IMPORTANT TOOL FOR TRAINING PURPOSES. PLEASE COMPLETE AND INCLUDE THE ENCLOSED VIDEO PERMISSION FORM WITH THE APPLICATION.

ATTACHED ALSO FIND A QUESTIONNAIRE. YOUR PARTICIPATION IN THIS QUESTIONNAIRE ALLOWS US TO PINPOINT VERY SPECIFIC AREAS OF DEVELOPMENT THAT WILL TARGET IN YOUR CHILD'S EDUCATIONAL PROGRAM. THE BEHAVIORS IN THE QUESTIONS COVER MANY YEARS OF DEVELOPMENT. THEREFORE, DO NOT WORRY IF YOUR CHILD IS NOT ABLE TO DO CERTAIN THINGS THAT ARE LISTED. PLEASE RATE BEHAVIORS THAT YOUR CHILD IS NOT DOING AS (1). THANK YOU FOR YOUR PARTICIPATION IN THIS PROCESS.

THANK YOU FOR YOUR INTEREST IN CELEBRATE THE CHILDREN'S EDUCATIONAL PROGRAM. PLEASE BE SURE TO FORWARD ALL PERTINENT RECORDS, EVALUATIONS AND EDUCATIONAL ASSESSMENTS.

AS ALWAYS, PLEASE CALL US IF YOU HAVE ANY FURTHER QUESTIONS.