



SUMMER PROGRAM APPLICATION

DATE: _____

What do you want your child to gain most from a summer program? _____

How/where did you hear about our program? _____

IDENTIFYING INFORMATION

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Home Phone: _____

City, State: _____ Zip Code: _____

With whom is child living? _____

Mother's Name: _____ Father's Name: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

EMAIL Address: _____ EMAIL Address: _____

SOCIAL EMOTIONAL DEVELOPMENT

Describe child's relationships with adults. Please include information about family members as well as non-family members (i.e., teachers, coaches, etc.):

Describe your child's relationship with siblings and peers: _____

Describe any unusual behaviors, habits, and/or fears that your child exhibits at home and at school:

CURRENT SCHOOL

Name of School: _____ Grade: _____

Name of Contact Person: _____ Phone # _____

Does child receive special education services? Yes _____ No _____

If yes, please briefly describe and attach all available diagnostic information: _____

**APPLICATIONS FOR STUDENTS WHO RECEIVE SPECIAL EDUCATION SERVICES
WILL NOT BE PROCESSED WITHOUT DIAGNOSTIC INFORMATION**

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

MEDICAL

Any serious birth trauma (please explain/describe): _____

Any serious physical conditions (please explain/describe): _____

Has child had any serious illnesses? At what age? _____ (Please explain and describe)

Special diet? _____

Is child on special medication? _____ At home _____ At school _____

Existing physical conditions: Seizures _____ Asthma _____ Allergies _____

Sun sensitivity _____ Others _____

AUTHORIZATION TO CONTACT AND/OR RELEASE INFORMATION

I hereby authorize The Miriam School to request and/or discuss confidential information, including personal, educational, social, psychological, psychiatric, medical records, and opinions with:

Name of school, agency, etc.: _____

Address: _____ Phone: _____

REGARDING

Student Name: _____ D.O.B. _____

Address: _____

City, State, Zip: _____

I UNDERSTAND THAT THIS PERMISSION TO REQUEST AND/OR DISCUSS THE DESIGNATED CONFIDENTIAL INFORMATION WILL BE IN EFFECT FOR ONE YEAR FROM THE DATE OF MY SIGNATURE AND THAT I MAY WITHDRAW THIS PERMISSION AT ANY TIME DURING THIS PERIOD BY STATING THE REQUEST IN WRITING.

Signature of Parent/Guardian

Date