

# Application Form



Date: \_\_\_\_\_

## Student Information

Student's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_

Grade (2009-2010 school year) \_\_\_\_\_ School Name \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Student resides with: \_\_\_\_\_

## In Case of Emergency

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## Developmental History

Please mark primary diagnosis with a "P" and secondary with an "S"

\_\_\_\_\_ Asperger's Syndrome

\_\_\_\_\_ Anxiety

\_\_\_\_\_ ADD

\_\_\_\_\_ Depression

\_\_\_\_\_ ADHD

\_\_\_\_\_ Bipolar

\_\_\_\_\_ Autism

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Behavioral Disorder

\_\_\_\_\_ PDD/NOS

\_\_\_\_\_ Other: \_\_\_\_\_

**AUCOCISCO SCHOOL and LEARNING CENTER**  
126 Spurwink Avenue · Cape Elizabeth, ME 04107  
Phone (207) 773-7323 · Fax (207) 773-6767  
info@aucociscoschool.org ~ www.aucociscoschool.org

### **Medications**

Please list both prescription and over-the-counter:

<b>Medication</b>	<b>Dose</b>	<b>Times</b>	<b>Self Medication Status</b>

### **Allergies**

Please list all allergies to medications, food, animals, environment etc.

### **Individual Needs**

Please list child's likes:

Please list child's dislikes:

Please list any sensory issues that your child may have:

Please inform us of anything else you think we should know about your child:

How did you hear about the Aucocisco summer programs?

When are you available for interview? \_\_\_\_\_

*Please attach a current picture of your child here.*

## Program Choices

Please indicate the program(s) you are applying for:

**Learning Center Tutoring**

Session dates \_\_\_\_\_

Preferred days and times \_\_\_\_\_

(example: Mon & Wed, 9:00-10:30)

**Academic Intensive Classes**

Session dates \_\_\_\_\_

**Aucocisco Backstage Social Skills Group**

Session dates \_\_\_\_\_

**Enrichment Activities**

Activity choice \_\_\_\_\_

Session dates \_\_\_\_\_

*Once completed, please mail this application to:*

Attn: Barbara Melnick  
Summer Programs  
Aucocisco School & Learning Center  
126 Spurwink Ave.  
Cape Elizabeth, ME 04107

- If applicable, please attach a copy of your child's Individualized Education Plan (IEP) if available, or contact Aucocisco School to arrange for its delivery.
- Also, once your child's application has been submitted, please contact Barbara Melnick at (207)-773-7323 to arrange an informal interview. NOTE: This interview and application process is *not* intended to assess and/or accept students based upon a set of qualitative judgments, but is rather a means of developing a group that can function best *together* given the limited number of available spaces for students.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date