

# Summer Application Form



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

## Student Information

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

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

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

Grade (next school year) \_\_\_\_\_ School Name \_\_\_\_\_

## Parent/Guardian Information

Parent #1 Name: \_\_\_\_\_ Parent #2 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

Does your student have an IEP? \_\_\_\_\_

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

- |                           |   |
|---------------------------|---|
| _____ Asperger's Syndrome | _____ Anxiety                             |
| _____ ADD                 | _____ Depression                          |
| _____ ADHD                | _____ Bipolar                             |
| _____ Autism              | _____ Learning Disability (lang. based)   |
| _____ Sensory Integration | _____ NLD                                 |
| _____ Behavioral Disorder | _____ PDD/NOS                             |
| _____ Apraxia             | _____ Expressive/Receptive Lang. Disorder |
| _____ Other: _____        |   |

### Medications

Please list both prescription and over-the-counter:

Medication	Dose	Times	Self Medication Status

### 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.*

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

## Program Choices

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

**Learning Center**

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 \_\_\_\_\_

*Once completed, please mail this application to:*

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

- 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