



2010-2011 Club Orion After School Application

Entrance Date: _____

Today's Date: _____

FAMILY INFORMATION

Student's Name _____ Name student goes by _____

Date of Birth _____ Age _____ Gender _____ Present School _____ Grade Level _____

Home Address _____ Home Phone _____

Parent #1: Name _____ E-Mail _____ Cell Phone _____

Relationship to student: Biological ___ Step ___ Adoptive ___ Other (describe) _____

Work Phone _____ Occupation/Employer _____

Parent #2: Name _____ E-Mail _____ Cell Phone _____

Relationship to student: Biological ___ Step ___ Adoptive ___ Other (describe) _____

Work Phone _____ Occupation/Employer _____

Please list student's Legal Guardian(s) and relationship to student _____

Siblings:	Name	Age	Grade/School
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Describe your immediate family structure and each person's relationship to student _____

Adults not living with student, but with custodial rights:

Name	Relationship to student	Phone
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Address	City	State	Zip
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Person financially responsible: _____ Relationship to Student _____



STUDENT SOCIO-EMOTIONAL INFORMATION

1. Describe what disciplinary strategies are used consistently in the home. Include rewards as well as consequences. Describe any differences between strategies used by various family members. _____

2. Describe situations that typically create behavior challenges for your child. _____

3. Describe any challenging behaviors your child struggles with. _____

4. How does your child recover when upset? How long does this typically take? _____

5. Describe your child's typical social interactions. Include how your child interacts with family members, peers, in group situations, and with strangers. _____

6. Have any of the following events occurred within the past 12 months? (Check if applicable)

Parents divorced or separated ____ Family accident or illness ____ Death in the family ____ Family moved ____

Parent changed or lost a job ____ Change in schools ____ Family financial stresses ____ Other (specify) ____

If applicable, describe the above situations and your child's response to them. _____

7. What are your child's favorite activities and interests? _____

8. Briefly describe your major concerns and goals for your child. _____

9. How would you describe your child to someone who has never met him/her? _____



DEVELOPMENTAL INFORMATION

1. Were there any health complications during pregnancy? _____
2. Describe the health of your child at birth, including Apgar Scores, any medical concerns or prematurity. Include any illness or difficulties soon after delivery. _____

3. Describe your child's first three years. Include your child's activity level, need for sleep, disposition, health, allergies, and any concerns or significant experiences. _____

4. Describe your child's preschool years. Include activity level, need for sleep, disposition, health, allergies, and any concerns or significant experiences. _____

5. Describe any childhood diseases, major injuries, accidents, operations or other significant medical or other concerns _____

6. Describe your child's current activity level, disposition, physical health, allergies. Also include any self care, eating or sleeping issues. _____

7. Describe your child's relationship to others his/her age; reflect upon those areas you feel are accelerated, and those which are not developing as rapidly as others. _____

8. List any diagnosis and who gave the diagnosis _____

9. Describe the main academic, social, emotional, or physical areas that you would like to see growth in for your child?



Please check all that apply to your child

Curious___ Social___ Happy___ Anxious___ Fearful___ Depressed___ Non-compliant___ Dramatic___ Creative___
 Aggressive___ Distracted___ Passive___ Perfectionist___ Active___ Immature___ Honest___ Confidant___ Distractible___
 Irritable___ Follower___ Calm___ Unusual___ Shy___ Charming___ Impulsive___ Well-liked___ Entrepreneurial___
 Confused___ Helpful___ Oppositional___ Witty___ Kind___ Intuitive___ Shy___ Overbearing___ Creative___ Leader___

10. Has/Does your child receive any therapeutic services?

SUPPORT SERVICE	THERAPIST'S NAME	LOCATION	DATE	PHONE
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11. Has your child received any evaluations? (Psycho-educational, Neurological, Speech-Language etc.)

EVALUATION	EXAMINER	LOCATION	DATE	PHONE
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Please attach any reports from services and evaluations received for your child

12. Describe anything that limits your child from participating in any specific typical school activities. _____

13. Does your child have any allergies? (List) _____

13a. Elaborate on any special dietary considerations your child has. _____

14. Is your child currently taking medication(s)?

PRESCRIPTION	DOSAGE	REASON FOR TAKING	PRESCRIBING PHYSICIAN
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Please provide instructions for medication that will need to be given during After School. Please include what time it needs to be given and where it will be located in the child's belongings. _____

15. Has your child recently taken any additional medications for any reason? _____



EDUCATIONAL HISTORY:

NAME OF SCHOOL (Include Preschool)	YEARS ATTENDED	AGE/GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach your child’s standardized or criterion-based tests and assessments.

___ School information is enclosed (please initial) ___ Samples of School Work are enclosed (please initial)

1. Has your child ever repeated or been held back a grade? _____
2. Describe your child’s academic strength’s and weaknesses. _____

3. Describe your child’s school experiences. _____

4. How would you describe your child’s attitude towards school? _____
5. Describe what you expect from our after school program. _____

I (We) attest that the information in the student registration and supporting documents is complete and accurate to my/our knowledge. I (We) understand withholding information that could assist you about my/our child at The Orion School may affect continued participation in the afterschool program.

(Application must be signed by both parents/guardians)

Parent/Guardian Signature	Printed Name	Date
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Parent/Guardian Signature	Printed Name	Date
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***Please enclose a non-refundable registration fee of \$75 with completed application**



AUTHORIZATION FOR CHILD PICK UP

The following people are authorized to pick up my child named _____
from The Orion After School Enrichment Program.

1. NAME/RELATIONSHIP _____ DAYTIME PHONE: _____

ADDRESS _____

2. NAME/RELATIONSHIP _____ DAYTIME PHONE: _____

ADDRESS _____

3. NAME/RELATIONSHIP _____ DAYTIME PHONE: _____

ADDRESS _____

4. NAME/RELATIONSHIP _____ DAYTIME PHONE: _____

ADDRESS _____

*If applicable, please list all the people who may NOT pick up your child.
Enclose pictures.*

1. NAME/RELATIONSHIP _____ DAYTIME PHONE: _____

ADDRESS _____

2. NAME/RELATIONSHIP _____ DAYTIME PHONE: _____

ADDRESS _____

All parent/guardians must sign.

Parent/Guardian Signature _____ **Date** _____ **Printed Name** _____

Parent/Guardian Signature _____ **Date** _____ **Printed Name** _____

