

The Drama-Play Connection

A non-profit affiliate of The Morgens Group, LLC

Please include photo here

Required for identification prior to any first aid or medical treatment.

Student Enrollment Application for Summer, 2008
(Please Print Clearly)

Today's date: _____

Child's Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____
No. & Street City State Zip Code

Who referred your child? _____ Phone #: _____

Why was your child referred? _____

Please list why you would like your child to participate in our summer program as well:

1. _____
2. _____
3. _____

Parent/Guardian Information:

Parents' Marital Status: Single Married Divorced → Date: _____ Widowed → Date: _____

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

Mother's DOB: _____ Father's DOB: _____

Home Number: _____ Home Number: _____

Address: _____ Address: _____

Last Grade/Degree Completed: _____ Last Grade/Degree Completed: _____

Occupation: _____ Occupation: _____

Work Number: _____ Work Number: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If parents are divorced, what is the custody arrangement? _____

Who lives in Child's home? (Please include parents, siblings and others and their ages): _____

Child's Current School History Information:

Current School: _____ School Phone Number: _____ Grade: _____

Contact Person (*child's advocate or program director*): _____ Role: _____

Has your child ever repeated a grade? _____ Which grade? _____ Why? _____

Please describe your child's educational setting (if mainstreamed, in special education or at a special school.

Please describe which classes are mainstreamed and which ones are not, as well as any special services):

Please describe any learning difficulties (LD) that your child may be experiencing: _____

Please describe any behavioral or social difficulties that your child may be experiencing: _____

Child's Individual Medical/Therapy History Information:

Current Pediatrician: _____ Phone Number: _____

Please list all medical conditions your child has: _____

Has your child ever had a seizure? _____ Please describe: _____

Please list all medications and their dosages that your child is presently taking:

Medication	Dose	AM	PM	Possible Interactions

Other Physician (Psychiatry): _____ Phone Number: _____

For how long has your child seen this doctor? _____

Current Therapist/Counselor: _____ Phone Number: _____

What is the nature of the visits? _____

Please list all psychological diagnoses your child has (or has had): _____

Please list the child's therapy history including dates, length of time, therapist or organization, nature of the therapy, and relevant diagnoses.

Dates Attended

Therapist / Nature of Therapy / Relevant Diagnoses

Please list the child's therapy history of evaluations:

TYPE	FACILITY	EXAMINER/FACILITY
Speech-Language		
CORE		
Psychological or Neuropsychological		
Other:		

STUDENT PROFILE

Please check any of the following that describes your child:

- Anxious
 Overactivity
 Difficulty Sitting Still
 Poor Frustration Tolerance
 Destructiveness
 Other:

If yes to any of the above, PLEASE DESCRIBE:

Please list any major or traumatic transitions that your child has made in the last year. _____

Can your child swim? YES / NO

If yes, what level of Red Cross swimming has your child most recently passed? _____

How do you describe your child?

Please describe your child's strengths:

Please describe your child's weaknesses:

Please describe any other information that may be important for us to better serve your child this summer:

Costumes and Camp T-Shirts (For sizes this coming Summer)

For purposes of ordering Summer T-Shirts: Child's Height: _____ Child's Weight: _____

Please circle the size T-Shirt that you think will best fit your child this summer:

	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)	Youth XL (18-20)	Adult S	Adult M	Adult L	Adult XL	Adult 2XL	Adult 3XL
Width	16"	17"	18"	19"	18"	20"	22"	24"	26"	28"
Length	20"	22"	24"	26"	28"	29"	30"	31"	32"	33"

Hat size: _____" Please measure your child's head circumference in inches. This is done by taking a tape measure and measuring around your child's head just over the ears. You can also use paper taped together, mark it, and then measure it with a straight ruler.

Shoe Size _____

Some costume items are provided by the program from our costume fund. Families are expected to help their children augment or create parts of their costumes for the movie. We appreciate any help from families in providing props whenever possible. Further information regarding the costumes/props will be given.

Not So Fine Print - Please read.

A Health and Examination Form must be submitted prior to program attendance. It may be based on an examination performed within the last year. Also, a photo of your child is required for the purposes of identification and health care at camp. In case of emergency I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above. I understand that in any medical situation every effort will be made to reach me. I understand that The Drama-Play Connection, Inc. expects that each child will be covered by medical insurance.

I also understand that my child may not attend the program until the medical form and payment in full are received by The Drama-Play Connection, Inc. I have read the above as well as the Fee Schedule forms. I understand the program's policies on registration and I agree to be responsible for the payment of all fees due, and that the application fees and deposits are non-refundable. I also realize that I am responsible for providing a costume/props for my child's participation in the movie. I also understand that some of the programs movie footage may be used for educational (professional seminars, training, etc.) or promotional (small trailer on the website or viewing for the Annual Fundraiser) purposes. Parents may request copies of background checks, health care and discipline policies as well as procedures for filing grievances. I also understand that submitting this application does not guarantee acceptance to the program. All applications are reviewed in a first come first served basis.

Date _____

Parent's or Guardian's Signature **X** _____

APPLICATION NOT COMPLETE WITHOUT SIGNATURE

DO NOT SEND WITH "SIGNATURE REQUIRED/ CERTIFIED" FOR POSTAL DELIVERY.

(As we are not always in the office, we may miss signature required mail and cannot go to the post office to retrieve mail.)