



**Dutchess County After School Program
Integrating Recreation and Education**

APPLICATION

Please complete all questions for each child applying to Greystone's Dutchess County Club Cool After-School Program. Admission is based upon completed application and interview process.

Child's Name: _____
FIRST MIDDLE LAST

Nickname: _____ **Male** **Female**

Child's Date of Birth: _____ / _____ / _____ **Age:** _____
MONTH DAY YEAR

Parent/Guardian's Name: _____
FIRST MI LAST

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Telephone #: (____) _____ **Alternate Contact #:** (____) _____
AREA CODE/NUMBER AREA CODE/NUMBER

Where does your child currently attend school? _____
NAME OF SCHOOL AND HOME DISTRICT

Child's Care Manager (Care Coordinator):

Name Agency/CCO Phone Number

Emergency Contact: _____
FIRST LAST

Relationship to Child: _____ **Telephone #:** (____) _____
AREA CODE/NUMBER

Physician's Name: _____ **Telephone #:** (____) _____
AREA CODE/NUMBER



HEALTH INFORMATION

****Please note**** A complete health examination form signed by your health care professional and/or a copy of your child's school medical record will be required, including all immunizations.

1. What is your child's diagnosis?

2. Does your child have any physical restrictions or limitations? YES NO
If yes, please explain:

3. How does your child communicate the need to use the bathroom?

4. Does your child have any allergies (i.e. medications, foods, insect stings, etc.)? YES NO
If yes, please explain:

5. Does your child require any medications or treatments during the day while attending Greystone's After-School Program (e.g. during the hours of 2-6 p.m.) YES NO

****Please note we are unable to administer medication****

6. Does your child have any other special medical/health needs or concerns? YES NO
If yes, please explain:

7. Does your child use any adaptive equipment? YES NO
If yes, please explain:



LEARNING/TEACHING STRATEGIES

1. Please describe your child's special needs and current educational setting:

2. Please check which teaching methods/interventions your child uses:

ABA (Applied Behavior Analysis)

PECS

Environmental Modifications *(Please give examples)*

Behavior Support Plan *(Please provide a copy)*

TEACCH

ASL/Sign Language

LOVAAS

Other - Please list:

3. What type of supervision does your child receive currently in his/her school program?

1:1

Small Groups

Is Relatively Independent for Activities

Please describe further:

SOCIALIZATION

1. Which best describes your child's level of socialization outside of school?

Socializes with other children, with or w/o disabilities

Socializes only with other children with disabilities

Socializes with adults and other children

Plays by his/her self

Socializes with adults only

Please describe:



2. How does your child get along with other children in his/her classroom?

3. What are some of the activities your child enjoys?

Board Games

Gross Motor Activities

Playground Activities

Computer Games

Cooking Activities

Fine Motor Activities

Story Time

Other: *Please List Below*

Sports

Art Activities

Music

4. What are some of your child's non-preferred activities?

OTHER INFORMATION

1. What are your child's strengths?

2. In what areas does your child need further teaching/assistance to develop his/her skills?

3. Check any areas of concern for your child:

Accepting Direction

Sleep Habits

Nervous Mannerisms

Bedwetting

Soiling

Mood Changes

Distractibility

Coordination Difficulties

Withdrawn Behavior

Activity Level

Temper Tantrums

Increased Choking Risk

Eating Habits

Hearing

Fears

4. Is your child sensitive to:

Crowds

Colors

Noise

Hot Weather

New Staff

Dim Lighting

Cold

Animals

Bright Lighting



5. Does your child exhibit any challenging behaviors? (check all that apply)

- | | |
|---|--------------------------------|
| Self-Injurious Behavior | Tantrums |
| Pica (<i>putting not-food items in mouth</i>) | Obsessive-Compulsive Behaviors |
| Aggression | Hyperactivity |
| Eloping/Wandering | |

Other: Please list:

Name of Individual Completing Application:

PRINT NAME _____ **SIGNATURE** _____

Date: _____
 MONTH DAY YEAR

***Thank you for completing the above application for
Greystone's Dutchess County Club Cool After-School Program***

Please send completed application to:

Caren O'Brien-Edwards, DCS
Greystone Programs, Inc.
700 South Drive, Suite 203
Hopewell Junction, NY 12533

Or email: cobrien-edwards@greystoneprograms.org

Fax: 845-452-9338 Attention: Caren O'Brien-Edwards

Phone 845-452-5772 ext. 106