

Lynne C. Israel & Associates

4400 Jenifer Street, NW Suite 280
Washington, DC 20015

**PLEASE ATTACH
CHILD'S PHOTO
HERE**

SUMMER ADVENTURE PROGRAM APPLICATION

Child's Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Address: _____ Zip: _____ Email: _____

Home phone:(____)_____ Mother Work:(____)_____ Father Work: (____)_____

Mother cell:_____ Father cell:_____ Number of siblings____ Ages of siblings_____

Child's school:_____ Teacher's name_____ Phone:_____

Current Grade_____ Child's School in Fall_____ Expected Grade in Fall_____

Please fill out the following information in as much detail as possible. This enables us to provide the optimal group situation for your child based on motor and social skills.

What do you expect from this experience for your child?

In a short paragraph, please describe your child, particularly with any changes within the last year:

How would you describe your child's:

1) Greatest strengths:

2) Current challenges for growth:

What does your child like to do in his/her free time?

Independently?

With others?

Does your child participate in any extra-curricular activities or have any special interests?

What tasks do you consider most difficult for your child?

Has your child needed extra support at school: physically, behaviorally, academically or one-on-one assistance?

If so, please describe:

Please describe your child's current sensory processing skills:

How has your child functioned in a group setting over the past year?

How does your child respond to negative behavior of others?

Does your child need assistance with self-help skills (i.e., feeding, dressing, toileting?)

Does your child have any allergies (I.e., food, environmental) of which we should be aware? Is your child currently taking medications? If so, please indicate what kind and dosage:

Will your child need to take or have medication administered during the 6 week session?

Please list any therapists/services that your child receives (i.e., OT, PT, developmental optometry, etc)

I hereby, (Please circle one) **DO** **DO NOT** give my permission to talk to my child's teacher or therapist.

Parent Signature_____ Date_____

Please return this completed application with the appropriate fee to the address below.
Checks should be made payable to Lynne Israel & Associates, Inc.

Summer Adventure Program
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New Applicants: **\$50.00** Registration Fee (waived for children currently receiving services in this practice or previous attendees)