



MONARCH SCHOOL

Summer Program
2016 Application
New Family

Summer Program Application 2016

STUDENT INFORMATION

Name of person completing this form _____

Relationship to applicant _____ Date of application _____

Please, submit this form with a **\$250 deposit** (deposit goes towards summer tuition and is not an additional fee).

For students not currently enrolled at Monarch, please attach a current testing report and a current picture of the student. New applicants should also expect an interview prior to enrollment in the Summer Program.

Student's Name: Male Female

First Middle Last Age

Preferred Name Date of Birth

Address

City State Zip Code

Telephone Unlisted **T-shirt size:** Adult S M L XL
Child S M L XL

Current School Grade Level

Ethnic Background (*For demographic purposes only*)

American Indian Alaskan Native Asian American African American
 Caucasian Hispanic Pacific Islander Other

Bilingual Yes No Language(s) spoken at home _____

Religious Affiliation _____
Mother Father Child

Child's Primary Physician Phone Fax

Current Psychologist Phone Fax

Current Psychiatrist Phone Fax

Financial:

Do you plan to apply for financial aid? Yes No

How did you hear about us?

FAMILY INFORMATION

Parent 1: _____

	First	Middle	Last		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
_____ Home Address			_____ Home Phone		
_____ Employer/Company			_____ Address		
_____ Occupation			_____ Position		
_____ Business Phone		_____ Business Fax		_____ E-mail Address	

Parent 2: _____

	First	Middle	Last		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
_____ Home Address			_____ Home Phone		
_____ Employer/Company			_____ Address		
_____ Occupation			_____ Position		
_____ Business Phone		_____ Business Fax		_____ E-mail Address	

Parent 3: _____

	First	Middle	Last		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
_____ Home Address			_____ Home Phone		
_____ Employer/Company			_____ Address		
_____ Occupation			_____ Position		
_____ Business Phone		_____ Business Fax		_____ E-mail Address	

Parent 4: _____

	First	Middle	Last		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
_____ Home Address			_____ Home Phone		
_____ Employer/Company			_____ Address		
_____ Occupation			_____ Position		
_____ Business Phone		_____ Business Fax		_____ E-mail Address	

FAMILY INFORMATION (CONT.)

Please indicate if appropriate:

- | | | |
|---|---|---|
| <input type="checkbox"/> Father deceased | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Parents divorced |
| <input type="checkbox"/> Parents deceased | <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother remarried |

If parents are separated or divorced, who has custody?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

With whom does the applicant reside?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

Who will be financially responsible for the applicant's tuition and fees?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

To whom should bills be addressed?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

To whom should general school correspondence be addressed?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

To whom should academic reports, teacher comments and other reports be addressed?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

DIAGNOSTIC INFORMATION

What is/are your child's current diagnosis/es? _____

STRENGTHS AND AFFINITIES

Please indicate whether each of the following is a strength or a challenge for your child:

Relationship Development:	Strength	Challenge
Referencing Others		
Maintaining Communication		
Participating equitably		
Balancing “I” and “we”		
Balancing attraction/rejection issues		
Humor and playfulness		
Forgiveness and mercy		
Fairness, equity, and justice		
Bravery and valor		
Honesty, authenticity and genuineness		
Social intelligence		
Capacity to love and be loved		
Kindness and generosity		
Citizenship, teamwork, and loyalty		
Leadership		
Self-Regulation/Self-Awareness:		
Coordinating Sensory Motor Functions		
Modulating Emotional Expression		
Shifting/Focusing Flexibility		
Monitoring Self with Others		
Inhibiting Action Mindfully		
Self-control and self-regulation		
Honesty, authenticity and genuineness		
Modesty and humility		
Capacity to love and be loved		
Caution, prudence, and discretion		
Spirituality, sense of purpose, and faith		
Hope, optimism, and future-mindedness		
Zest, enthusiasm, and energy		
Gratitude		
Academic Competence:		
Working to academic standards		
Representing work through projects		
Working to overcome learning Obstacles		
Expanding communication competence		

Citizenship, teamwork, and loyalty		
Leadership		
Perspective (wisdom)		
Appreciation of beauty and excellence		
Curiosity and interest in the world		
Love of learning		
Industry, Diligence, and perseverance		
Executive Functions:		
Planning and organizing mentally		
Planning and organizing physically		
Working memory/flexible sequencing		
Managing tasks to completion		
Appreciation of Beauty and excellence		
Curiosity and interest in the world		
Love of learning		
Hope, optimism, and future mindedness		
Judgment, critical thinking, and open mindedness		
Creativity, ingenuity, and originality		
Industry, diligence and perseverance		

Please tell us about any additional interests, favorite activities, strengths, and accomplishments of your child. Include any types of play, sports, special activities, and accomplishments.

What are your goals for your child during their summer program experience?