



**THE MONARCH SCHOOL
AND INSTITUTE**

Summer Program 2017 Application New Family

Thank you for your interest in The Monarch School & Institute's Summer Program! The summer program is available to individual's ages 5 to 30+. The summer program provides a safe, fun, and integrated therapeutic environment for individuals with neurological differences and severe learning challenges to engage in sensory and social activities that helps to promote social skills and self-regulation. Learners will also benefit from the following:

- Low student-to-educator ratio
- Trained, highly skilled staff
- Sensory-based activities that enhance a camper's ability to take advantage of language and communication opportunities
- Structured teaching methods
- Visual supports that enhance language comprehension and prediction
- Relaxation techniques that enhance self-regulation
- Daily living routines are incorporated into camp activities as appropriate
- Staff and program content that supports play skills, social skills and participation in group activities
- Gross motor activities that satisfy sensory needs and encourage communication
- Traditional camp activities like field trips, arts and crafts, and nature walks.

The application deadline is **Friday, April 14th, 2017**. Return all applications and payment to the Admissions Office located in the front of The Monarch Center. You may also submit your application via email or electronically to jjones@monarchschoool.org and mail payment to 2815 Rosefield Drive, Houston TX 77080.

PLEASE NOTE: Applications are not reviewed until ALL FORMS have been received by the Admissions Director, including the **\$75 non-refundable application fee** and supplementary materials.

Prior to acceptance in the Summer Program all new applicants must be available for a Day Visit in the program during **April 17th- April 28th, 2017**.

Summer Admissions Process

Before the admissions process can begin, these items must be submitted:

- Completed Application with a non-refundable \$75.00 processing fee
- Results of psycho-educational testing within the last **36** months, including intellectual testing (IQ) and achievement testing
- A diagnostic impression from a clinician and/or a formal diagnosis (Applicants will not be considered for placement without current diagnostic information)
- Individualized educational plans, report cards and/or transcripts and any other pertinent information
- A current family photo that includes the student. If possible, the photo should show the student doing something he/she enjoys

PLEASE NOTE: No child will be screened or processed until ALL forms, including payment, are filled out and turned in. Completed applications will be processed in the order received.

Step 1: Formal File Review:

The Admissions Director reviews the completed application and required documents found in the application packet. The Admissions Director meets with the Senior Program Director to determine if the applicant is invited to attend a 2-4 hour Day Visit in the program of interest.

If it is determined that the Summer Program will not meet the applicant's therapeutic and/or educational needs the Admissions Director will provide recommendations for an alternative therapeutic program.

Step 2: Day Visit

The Admissions Director will schedule a 2-4 hour Day Visit for the applicant. The parent must be available to meet with the Program Director for the first/last hour of the visit.

Applicants must be available for a Day Visit during April 17-28th. There are no exceptions.

Step 3: Decision and Payment

The Admissions Director will inform the parent via phone and email of the applicant's acceptance in the summer program. A deposit of \$250 is required to hold the student's seat. The deposit is applied towards the cost of tuition. The full tuition cost must be paid in full no later than **May 15th**. If the parent chooses to withdraw the application after this date the full tuition.

Summer Program Application 2017
New Family

Please submit this form with a non-refundable \$75 application fee

***Please attach all supplementary documents and a current picture of the student. New applicants should also expect an interview prior to acceptance in the Summer Program.**

STUDENT INFORMATION

First Middle Last

Date of Birth Age

Gender: Male Female T-shirt size: **Adult** S M L XL
(Circle one) **Child** S M L XL

Parent(s) Names:

Address

City State Zip Code

Cell Phone: Work Phone: Home Phone:

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: _____

Child's Primary Physician Phone Fax

Current Psychologist Phone Fax

Current Psychiatrist Phone Fax

FAMILY INFORMATION

Parent 1:

First _____ Middle _____ Last _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address _____ Home Phone _____

Employer/Company _____ Address _____

Occupation _____ Position _____

Business Phone _____ Business Fax _____ E-mail Address _____

Parent 2:

First _____ Middle _____ Last _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address _____ Home Phone _____

Employer/Company _____ Address _____

Occupation _____ Position _____

Business Phone _____ Business Fax _____ E-mail Address _____

Parent 3:

First _____ Middle _____ Last _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address _____ Home Phone _____

Employer/Company _____ Address _____

Occupation _____ Position _____

Business Phone _____ Business Fax _____ E-mail Address _____

Parent 4:

First _____ Middle _____ Last _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address _____ Home Phone _____

Employer/Company _____ Address _____

Occupation _____ Position _____

Business Phone _____ Business Fax _____ E-mail Address _____

DIAGNOSTIC INFORMATION

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

MEDICATION INFORMATION

Is your child currently prescribed any medications? Please list all current medications with dosages.

CURRENT MAIN CONCERNS

Please tell us about you MAIN concerns:

Has your doctor requested specific services and/or providers for your child? No Yes:

To help us understand your concerns, please check any boxes that apply.

Executive Functioning

My child has attention difficulties

- concentration and focus
- short attention span
- very distractible
- _____
- _____

Executive Functioning

My child has problems with thinking

- unusual beliefs that cannot be true
- hears/sees things that are not there
- feels like others are out to get him/her
- _____
- _____

Academic/Professional Competence

Self Awareness/Self Regulation

Mood

- depressed or unhappy
- too irritable
- sleep or appetite changes/difficulties
- mood swings
- extreme happiness
- repeatedly bothered by upsetting thoughts (germs, illness, horrible events, bad thoughts, etc.)
- feels driven to do things over and over (wash hands, collect objects, arrange, etc.)
- frequent nightmares
- worries too much
- unusual fears/phobias
- _____
- _____

Behavior problems:

Concerns about my child's development

- language delays or regression
- motor delays or regression
- toileting problems
- problems with feeding
- _____
- _____

Unusual Behaviors

- repetitive behaviors
- plays with toys in unusual ways (lines up, counts, etc.)
- gets stuck on certain activities/topics
- especially sensitive to sight/feel, sound, taste, smell of things
- flaps hand
- interested in unusual things (paper clips, strings, bottle caps...)
- difficulties with transitions
- repeats lines from TV, movies, songs
- uses your hand to show wants/needs
- odd movements or tics
- _____
- _____

My child has trouble learning/at school

- letter identification or reading
- spelling or writing
- math
- memory
- comprehension
- _____
- _____

- easily frustrated
- impulsive
- overly active
- aggressive
- suspended or expelled from school
- does not obey
- breaks rules
- legal trouble
- drugs or alcohol
- overly focused on weight/weight loss
- _____
- _____

Relationship Development

Social difficulties

- too shy
- trouble separating from loved ones
- difficulty making friends
- inappropriate friendships
- relates better with adults than peers
- teased or bullied
- prefers to be alone
- not interested in having friends
- mean to other children
- poor eye contact
- _____
- _____

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?

Name of the person filling out form: _____

Relationship to child (Parent, Grandparent, Guardian etc.) _____

Date: _____