



THE MONARCH SCHOOL
AND INSTITUTE

2018 Summer Program

June 5-July 12, 2018 (Monday-Thursday)

Application for New Families

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 help 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 student'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 summer activities as appropriate
- Staff and program content that support 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 **Monday, April 30, 2018**. Return all applications to the Admissions office located in the front of The Monarch Center. You may also submit your application electronically by emailing the Admissions Director, Jacquice Jones, at jjones@monarchschool.org. A non-refundable **\$75 processing fee** is due with the application. You can drop off your payment at The Monarch Center or mail a check/money order/cashier's check to:

*Attn: Admissions Office
The Monarch School
2815 Rosefield Drive
Houston, TX 77080*

PLEASE NOTE: Applications are not reviewed until the application, supplementary materials, and \$75 non-refundable processing fee have been received by the Admissions office. In addition, prior to acceptance in the Summer Program, all new applicants must be available for a Day Visit in the program during **May 1-14**.

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 (IQ) testing and academic 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 application will be screened or processed until ALL forms and payment are received by the Admissions office. 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 a mutual fit, and then the applicant is invited to attend a two- to four-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 two- to four-hour Day Visit for the applicant. The parent must be available to meet with the Program Director for the first or last hour of the visit.

Applicants must be available for a Day Visit during May 1-14. Unfortunately, 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 \$250.00 is required to hold the student's place. The deposit is applied towards the cost of tuition. The full tuition cost must be paid in full no later than **May 21, 2018**. If the parent chooses to withdraw the application after this date, the full tuition is non-refundable.

2018 Summer Program Application for New Families

*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.

Indicate for which program you are submitting this application:

Chrysalis Program (Lower Elementary)

***Waitlist only (Please contact Admissions office for more information)

Bridge/Butterfly Program (Middle-High school) Multiple Options Available

Option 1: Full Day (includes lunch and social hour):		TIMES	Non-Monarch Student Tuition
	Life Centered Education (College & Career Prep)	8:30-3:00	\$3,440
	Houston Proud	8:30-3:00	\$3,440

Option 2: Half Day - AM or PM ONLY:		TIMES	Non-Monarch Student Tuition
	Driver's Ed AM	8:30-11:00	\$1,400
	Driver's Ed PM	12:30-3:00	\$1,400
	The Business of Art AM	8:30-11:00	\$1,500
	The Business of Art PM	12:30-3:00	\$1,500

Option 3: Half Day AM or PM + Lunch & Social Hour:		TIMES	Non-Monarch Student Tuition
	Driver's Ed AM + lunch and social hour	8:30-12:30	\$1,845
	Driver's Ed PM + lunch and social hour	11:00-3:00	\$1,845
	The Business of Art AM + lunch and social hour	8:30-12:30	\$2,145
	The Business of Art PM + lunch and social hour	11:00-3:00	\$2,145

Option 4: Half Day AM class + Half Day PM class (includes lunch & social hour):		TIMES	Non-Monarch Student Tuition
	Driver's Ed AM + The Business of Art PM	8:30-3:00	\$3,440
	The Business of Art AM + Driver's Ed PM	8:30-3:00	\$3,440

Transition Services (Post graduate) 5-week Program Only

Programming Days/Hours	Non-Monarch Student Tuition
Monday- Thursday 8:30 to 3:30 pm	\$3,440

STUDENT INFORMATION

First Middle Last

Date of Birth Age

Current School/Most Recent School Placement Grade Level

School District

City State Zip Code

Gender: Male Female

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: _____

T-shirt size (Circle One): **Adult** S M L XL **Child** S M L XL

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 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 _____

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 _____

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 _____

E-mail Address _____

FAMILY INFORMATION (CONT.)

*****Please also include copies of the following documents when you send in the paperwork:**

- **Divorce Decree if the biological parents of the child are legally divorced.**
- **Guardianship paperwork or Temporary Orders of Custody if the person seeking admissions and/or completing the paperwork is not the biological parent of the child.**

Please indicate if appropriate: **(Select all that apply)**

Father deceased Mother deceased Parents divorced
 Parents deceased Father remarried Mother remarried

If parents are separated or divorced, who has custody?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

With whom does the applicant reside?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

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

Mother Father Stepmother
Stepfather Legal Guardian Other _____

To whom should bills be addressed?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

To whom should general school correspondence be addressed?

- Mother Father Stepmother
Stepfather Legal Guardian Other _____

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

- Mother Father Stepmother
Stepfather Legal Guardian Other _____

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
- difficulty with transitions
- _____

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

Concerns about my child's development

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

My child has trouble learning/at school

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

Self Awareness/Self Regulation

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 hands
- interested in unusual things (paper clips, strings, bottle caps, etc.)

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:

- 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: _____

Signature: _____

Date: _____