

## ADMISSIONS APPLICATION CHECKLIST

### **Included in your application:**

- \$75 Non-Refundable Application Fee
- Completed Admission Form
- Completed State of California Enrollment Forms
- Release and Exchange of Information
- Current Immunization Record

### **If applicable please include:**

- Current or "frozen" Individual Education Plan (IEP)
- Speech Therapy Evaluation
- Occupational Therapy Evaluation
- Neuropsychological Evaluation
- Other Evaluation \_\_\_\_\_
- Current medication and/or dietary restrictions (see forms section)

### **Agreement**

- ✓ *I understand that acceptance depends on references, student and family compatibility, and available space in each program.*
- ✓ *I understand that both parties can deny acceptance, and that the \$75.00 non-refundable fee will not be returned.*
- ✓ *I understand that All Children Academics will contact the listed people under references and ask questions in regards to both child and family compatibility with their program.*
- ✓ *I understand that All Children Academics will keep all information on the following forms confidential, unless physically and/or emotionally harmful information is disclosed that deems a child in immediate danger.*

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PARENT SIGNATURE

DATE

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PARENT SIGNATURE

DATE

**STUDENT INFORMATION:**

STUDENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

GRADE APPLYING FOR: \_\_\_\_\_  
(Preschool, Kindergarten, 1<sup>st</sup>)

CURRENT/PREVIOUS SCHOOL(S): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

CURRENT SERVICES/THERAPIES: \_\_\_\_\_

Names of Therapists and Providers: \_\_\_\_\_

CURRENT DIAGNOSIS (if any): \_\_\_\_\_

CURRENT MEDICATION & DOSAGE (if any): \_\_\_\_\_

Contact Information for Prescribing Doctor: \_\_\_\_\_

STUDENT STRENGTHS: \_\_\_\_\_

STUDENT AREAS OF NEED: \_\_\_\_\_

**PARENT INFORMATION:**

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER & POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERSONAL STATEMENT OF YOUR CHILD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER & POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERSONAL STATEMENT OF YOUR CHILD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

*Please list two personal and/or professional references that can speak on behalf of your child, and your involvement in your child's education. I*

\_\_\_\_\_ give permission for any  
*PRINT PARENT NAME*  
*representative of All Children Academics to speak with the following persons in regards to my child, and our families involvement in their education.*

\_\_\_\_\_  
PARENT SIGNATURE DATE

\_\_\_\_\_  
PARENT SIGNATURE DATE

NAME: \_\_\_\_\_

RELATIONSHIP TO PERSON: \_\_\_\_\_

HOW LONG HAS THIS PERSON KNOWN YOUR FAMILY? \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP TO PERSON: \_\_\_\_\_

HOW LONG HAS THIS PERSON KNOWN YOUR FAMILY? \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**STUDENTS SOCIAL ABILITIES:**

Please rate your child’s abilities on a scale of 1-5.

1: Severe Area of Need 2: Area of Need 3: Area of Concern 4: Sometimes an Area of Concern 5: Not an Area of Concern

Listening		Controlling Impulses	
Making Eye Contact		Flexible with Sudden Changes	
Reading Facial Expressions		Transitions	
Reading Body Language		Personal Problem Solving	
Participating in a Small Group		Adapting to New Situations	
Participating in a Large Group		Initiating play	
Asking For Help		Joining in on play	
Understanding Other Feelings		Interest in friendships	
Understanding One’s Actions Affect Others		Back and Forth Conversations	
Showing Empathy		Play Skills	
Understanding Personal Space		Expressing Emotions	

**PERSONAL STATEMENT ON STUDENTS SOCIAL SKILLS/ RELATIONSHIPS:**

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**PLEASE COMMENT ON THE FOLLOWING:**

1. Child's strengths and/or limitations

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2. Do the parents/guardians support/follow through on specific school recommendations?

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3. Are parental expectations of the child realistic?

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4. Are there any special concerns about the child's attendance or promptness in arrival or departure?

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5. What kind of program would you like to see for this child?

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6. Please make any other comments you wish to make about the applicant.

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Include any circumstances of which we should be aware.

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**SPECIFIC RECOMMENDATION:**

Recommended (please explain below)       Recommended with reservations       Prefer not to make a (please explain below)

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