



APPLICANT INFORMATION

Applicant's legal name: \_\_\_\_\_  
Last First Middle

M  F  Other Preferred name: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Current grade \_\_\_\_\_ Anticipated graduation year \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip code

Home Phone: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Student's email: \_\_\_\_\_

Current school: \_\_\_\_\_ School district in which applicant resides: \_\_\_\_\_

School address: \_\_\_\_\_  
Street City State Zip code

School Telephone ( ) \_\_\_\_\_ Principal/Head \_\_\_\_\_

Date of attendance: \_\_\_\_\_

Other school's previously attended: \_\_\_\_\_

Name Address Telephone Dates of Attendance

Name Address Telephone Dates of Attendance

Name Address Telephone Dates of Attendance

FAMILY INFORMATION

Student resides with (check all that apply):

Parents married \_\_\_ Parents never married \_\_\_ Parents separated \_\_\_ Parents divorced \_\_\_

Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Other significant adult \_\_\_ (relationship) \_\_\_\_\_

For divorced parents, please describe custody and visitation arrangements: \_\_\_\_\_

Student's ethnicity: **(OPTIONAL and is used for statistical purposes only)**

\_\_\_ African American \_\_\_ Asian American \_\_\_ Caucasian \_\_\_ Latino/Hispanic \_\_\_ Multi-racial \_\_\_ Middle Eastern American  
\_\_\_ Native American \_\_\_ Pacific Islander American

Citizenship:  US  Other (Please specify): \_\_\_\_\_ Language(s) spoken at home (other than English): \_\_\_\_\_

Primary Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip code

Contact: Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Preferred communication: Cell  Email  Text Cell  (consent implied)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work address: \_\_\_\_\_

Street City State Zip code

Secondary Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip code

Contact: Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Preferred communication: Cell  Email  Text Cell  (consent implied)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work address: \_\_\_\_\_

Street City State Zip code



Names/ages of all siblings: \_\_\_\_\_

Did you adopt any of your children? \_\_\_yes \_\_\_no Age of adoption and origin: \_\_\_\_\_

Part II: Academic

1. Has your child been diagnosed with any of the following?
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Emotional Disturbance   | <input type="checkbox"/> Other Health Impairment      |  |

Please provide any additional information that would be helpful in describing the checked items:  
\_\_\_\_\_  
\_\_\_\_\_

Part III: Medical

2. Has your child been diagnosed with any of the following?
- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder  | <input type="checkbox"/> Bipolar Disorder         |
| <input type="checkbox"/> Obsessive Compulsive Disorder (OCD)                             | <input type="checkbox"/> Chemical Dependency      |
| <input type="checkbox"/> Anxiety   | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Oppositional Defiant Disorder (ODD)                             | <input type="checkbox"/> Depression               |
| <input type="checkbox"/> Reactive Attachment Disorder (RAD)                              | <input type="checkbox"/> Eating Disorder          |
| <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)                           | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Attention Deficit Disorder <i>with or without hyperactivity</i> |   |

3. Does your child have any **medical** conditions or special medical needs? Please list, including diabetes, asthma, allergies, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Current medications and dosage for medical conditions: \_\_\_\_\_

4. Has your child been hospitalized for any medical or psychiatric conditions? Please give dates and reasons for hospitalizations.  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Psychiatrist: \_\_\_\_\_

Therapist/ Social Worker: \_\_\_\_\_ Other: \_\_\_\_\_

5. How would you describe your child's behavior at home?  
\_\_\_very cooperative \_\_\_somewhat cooperative \_\_\_rarely cooperative \_\_\_oppositional / defiant

6. Please list your child's interests, hobbies and talents: \_\_\_\_\_  
\_\_\_\_\_

7. What are your academic and therapeutic goals for your child, if he or she is accepted at EYC?  
\_\_\_\_\_  
\_\_\_\_\_

8. If there are circumstances which have affected or may affect the applicant's educational performance, participation in athletics, or attendance in school, please describe (i.e. frequent moves/change of school, separation/loss of a significant person in the family, disciplinary action, illness, learning differences, skipping or repeating a grade).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If there is any additional information you believe would be helpful for the admission team to review, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

The Application for Admission and related forms are considered confidential and will not be disclosed to anyone without parental permission.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_