

Greystone Programs' CLUB ASPIRE



After School Program Integrating Recreation and Education

Application

Please complete all questions for each child that is applying to *Greystone's Club Aspire*. If your child is referred to attend *Greystone's Club Aspire* a packet of information, including parental agreement forms will be forwarded to you for your information and signatures. Your child will not be able to attend *Greystone's Club Aspire* unless all consent forms are completed and returned. Please note: The following are required to access the **Club Aspire After School** program: 1) Full OPWDD Eligibility 2) Referral to the program and authorization via the OPWDD Front Door Assessment 3) HCBS Medicaid Waiver Enrollment 4) Availability of program capacity 5) Viable transportation arrangements from school [home] to program. Parents must be available to pick up.

- Are you applying for: **School Break** (Basic OPWDD Eligibility Required)
- After-School** (Full OPWDD Eligibility AND OPWDD FRONT DOOR Assessment Referral Required)
- Saturday Respite** (Basic OPWDD Eligibility Required)
- All** (School Break, After-School, Saturday Respite)

GENERAL INFORMATION

Child's Name: _____
FIRST MIDDLE LAST

Nickname: _____ Male Female

Child's Date of Birth: _____ / _____ / _____ Age: _____
MONTH DAY YEAR

Parent/Guardian's Name: _____
FIRST M.I. LAST

Parent/Guardian's Name: _____
FIRST M.I. LAST

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Telephone #: () _____ Parent/Guardian Day Time #: () _____
AREA CODE / NUMBER AREA CODE / NUMBER

Primary Home Email: _____

Where does your child currently attend school? _____
NAME OF SCHOOL DISTRICT

Child's Service Coordinator (MSC): _____
Name Agency Phone Number

EMERGENCY INFORMATION

Emergency Contact: _____

Relationship to Child: _____ Telephone #: ()
AREA CODE / NUMBER

Physician's Name: _____ Telephone #: ()
AREA CODE / NUMBER

Please list any individual who is authorized to drop off or pick up your child:

NAME	PHONE #	RELATIONSHIP

HEALTH INFORMATION

****Please note****

If your child is accepted to attend *Greystone's Club Aspire*, a complete health examination form signed by your health care professional and/or a copy of your child's school medical record will be required, including all immunizations.

1. What is your child's diagnosis? _____

2. Has your child had any recent or current illness(es)? YES NO
If yes, please explain: _____

3. Does your child have any physical restrictions or limitations? YES NO
If yes, please explain: _____

4. How does your child communicate the need to go to the bathroom? _____

5. Does your child require any medications or treatments to be provided during the day while s/he is attending *Greystone's Club Aspire* ? YES NO
If yes, please list all medications _____

6. Does your child have any other special medical/health needs or concerns? YES NO

If yes, please explain: _____

7. Does your child use any adaptive equipment? (example: eyeglasses, leg braces) YES NO

If yes, please explain: _____

LEARNING/TEACHING STRATEGIES

1. Please describe your child's special needs and current educational setting:

2. Please check which teaching methodologies/interventions your child is currently utilizing:

- Applied Behavior Analysis TEAACH PECS Sign Language
 Environmental Modifications Behavior Support Plan LOVAAS
(Please give examples) (Please provide copy)

Other - Please list: _____

3. What type of supervision does your child receive in his/her current school program?

- 1:1 small groups is relatively independent for activities

Please describe further: _____

SOCIALIZATION

1. Which best describes your child's level of socialization?

- | | |
|---|--|
| <input type="checkbox"/> socializes with other children, with or w/o disabilities | <input type="checkbox"/> socializes with adults and other children |
| <input type="checkbox"/> socializes only with other children with disabilities | <input type="checkbox"/> plays by his/her self |
| | <input type="checkbox"/> socializes with adults only |

Please describe: _____

2. Does your child participate in any after school groups/activities currently? YES NO

If yes, please describe: _____

3. How does your child get along with other members in the family? _____

4. How does your child get along with other children in his/her classroom? _____

5. What are some of the activities your child enjoys?

- | | | |
|---|--|---|
| <input type="checkbox"/> board games | <input type="checkbox"/> simple cooking activities | <input type="checkbox"/> sports |
| <input type="checkbox"/> gross motor activities | <input type="checkbox"/> fine motor activities | <input type="checkbox"/> art activities |
| <input type="checkbox"/> playground activities | <input type="checkbox"/> story time | <input type="checkbox"/> music |
| <input type="checkbox"/> computer games | Other: please list: _____ | |

6. What are some of your child's non-preferred activities? _____

OTHER INFORMATION

1. What do you see as strengths in your child? _____

2. In what areas does your child need further teaching/assistance to develop his/her skills?

3. Do you have any concerns about any of the following areas of your child?
(please check all which apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> accepting direction | <input type="checkbox"/> soiling | <input type="checkbox"/> withdrawn behavior |
| <input type="checkbox"/> eating habits | <input type="checkbox"/> sleep habits | <input type="checkbox"/> mood changes |
| <input type="checkbox"/> activity level | <input type="checkbox"/> hearing | <input type="checkbox"/> nervous mannerisms |
| <input type="checkbox"/> distractibility | <input type="checkbox"/> temper tantrums | <input type="checkbox"/> coordination difficulties |
| <input type="checkbox"/> bedwetting | <input type="checkbox"/> fears | |

4. Is there anything in the environment which appears to be troubling to your child?
(please check all which apply)

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> crowds | <input type="checkbox"/> noise | <input type="checkbox"/> new staff |
| <input type="checkbox"/> bright lighting | <input type="checkbox"/> colors | <input type="checkbox"/> hot weather |
| <input type="checkbox"/> dim lighting | <input type="checkbox"/> cold | <input type="checkbox"/> animals |

5. Does your child exhibit any challenging behaviors? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> self-injurious behavior | <input type="checkbox"/> tantrums |
| <input type="checkbox"/> pica | <input type="checkbox"/> obsessive-compulsive behaviors |
| <input type="checkbox"/> aggression | <input type="checkbox"/> hyperactivity |

Other: Please list: _____

6. Has your child been Medicaid Waiver enrolled? Yes No

7. Has your child been assessed by the OPWDD Front Door Assessment? Yes No

8. Has a determination been made to refer your child to the Club Aspire After School Program? Yes No

Name of Individual Completing Application:

Date: _____

PRINT NAME

SIGNATURE

Thank you for completing the above application
You will be notified of your child's status regarding

Greystone Programs' Club Aspire

If you have any questions, please feel free to contact:

Kristina Gargano, Director

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Telephone: (845) 469-3760

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Greystone Programs, Inc.
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PO Box 392
Sugar Loaf, NY 10981

PLEASE MAKE A COPY OF APPLICATION FOR YOUR OWN RECORDS