

Mindful Milestones

Milestones in the Making: Schiavoni & Associates, Inc.

Big-Brother, Little-Brother Summer CAMP APPLICATION 2016

Child's Name: _____ Nickname: _____ DOB: _____

School: _____ Grade Level (Fall 2016): _____ Age: _____

Parent/Guardian Name(s): _____

Address (Child's Residence): _____

Billing Address (If Different): _____

Primary Telephone(s): _____

Email(s): _____

Emergency Contact (best venue in case of ER): _____

****How did you hear about the group?**

Please respond to the following prompts (adding additional pages where necessary) to ensure that we provide you & your family with the best services possible. If your child is already working with Ms. Bri, feel free to leave redundant questions – blank. *If your child is in middle or high school, please empower him to complete on his own with your supervision:*

1. **Please note any medical &/or mental health conditions, concerns &/or special considerations here;** particularly those that may affect your child's social, emotional, cognitive &/or behavioral self in group: _____

2. **Food or prescription allergies, along with steps that we would need to take in the event of an emergency:** _____

3. **Any medications (name & dose) that your child is currently taking:** _____

Will we need to administer medication between 12:30 & 5:30PM the day of camp?

_____ YES _____ NO *If yes, please describe:* _____

4. **Does your child have any physical or medical limitations that might prevent him from being able to participate in a physical activity like yoga or cardio kickboxing?** ____ YES ____ NO

If yes, please describe: _____

5. **What kinds of grades does your child make at school?** _____

What subject area(s) is most difficult for him (i.e. academic deficits)? _____

In which subject does he perform best (i.e. academic strengths)? _____

6. **Is your child enrolled in Special Education?** _____ YES _____ NO
Does your child have an IEP or 504 in place? _____ YES _____ NO

Please identify any academic accommodations received by your child here (so that we can make a concerted effort to 'reach & teach' your child): _____

7. Has your child ever received a referral &/or been written-up for his behavior at school?
_____ YES _____ NO **If yes, please explain: _____

8. Please list any special interests, hobbies &/or skill-sets that may help us to best pair "brothers" together, et al: _____

9. Does your child make friends easily? _____ YES _____ NO
If you have any concerns for your son's ability to socialize, please explain here: _____

10. When your child is upset, what does he need in order to manage his frustration? _____

11. Please indicate whether or not your child has a history of known:
Aggression towards Others: _____ YES _____ NO *Explain: _____
Aggression towards Self: _____ YES _____ NO *Explain: _____
Runaway: _____ YES _____ NO *Explain: _____

****Other Concerning Behavior to note for Special Consideration in Group Facilitation & in Big/Little Brother Pairing?** _____

12. Any *other* information you would like for us to have? _____

Please note that payment will be due in advance & in the amount of \$85 (single day participation) or \$240 (3 Fridays). We accept CASH, Personal CHECK & VISA/MASTERCARD & are willing to discuss payment plan options. Please mail your check or contact our office manager to place a credit card on-file &/or to discuss payment plans. Monies will be refunded in justifiable emergency cases. Thank you.

PLEASE RETURN TO: 4019 NW 34th Terr, Gainesville, FL 32605 (MAILING ADDRESS ONLY);
352-374-7195 (FAX); OR brianna.adele@gmail.com (Email Attachment)