

Mindful Milestones

Milestones in the Making: Schiavoni & Associates, Inc.

Girls Growing in Wellness & Balance CAMP APPLICATION 2016

Date: ____/____/____

Referral Source: _____

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

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

Parent: _____
Address: _____
Home Telephone: _____
Occupation: _____
Employed By: _____
Work Telephone: _____
Cell Phone: _____
Email: _____

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Address: _____
Home Telephone: _____
Occupation: _____
Employed By: _____
Work Telephone: _____
Cell Phone: _____
Email: _____

Custodial Parent: [] Mother [] Father [] Adoptive [] Single [] Married [] Divorced [] Separated

If Divorced or Separated, please specify who has custody _____

IN CASE OF EMERGENCY CONTACT? _____

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.

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 reaction: _____

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

Will we need to administer medication between 12:30 & 4:30PM 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 her (i.e. academic deficits)? _____

In which subject does she 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 her behavior at school?
_____ YES _____ NO **If yes, please explain: _____

8 Please indicate whether or not your child has a history of known:

Aggression towards Others: _____ YES _____ NO *Explain: _____

Self-Harm: _____ YES _____ NO *Explain: _____

Eating &/or Body Image Disorders: _____ YES _____ NO *Explain any concerns for body image or diet - here: _____

Runaway: _____ YES _____ NO *Explain: _____

Theft: _____ YES _____ NO *Explain: _____

For Youth to Complete:

1 List some of your special interests, hobbies, talents &/or skill-sets: _____

2 On a scale of 1 to 10 – tell us how difficult it feels for you to make friends easily

(Not at All Difficult) 0 ---1---2 ---3 ---4 ---5 ---6 ---7 ---8 ---9 ---10

(So Difficult that I'd Rather *not* Participate in Camp because I'll have to Interact with Other, New Kids)

****What about 'making new friends' feels hard for you? (This info is PRIVATE but will help your counselors to create a safe, comfortable camp environment for you ☺**

3 What are some things you like to do (hobbies, skills, interests)? _____

4 Do you enjoy physical activity? _____ YES _____ NO *Types: _____

5 Favorite Group Game(s): _____

6 Is there anything about this camp that feels intimidating to you &/or causes you to worry? _____

7 Any other information you would like to share with Ms. Bri (who wants you to feel as comfortable as possible at camp)? _____

Please note that payment (\$325) will be due in advance unless a payment plan has been arranged with our office manager. We accept CASH, Personal CHECK & VISA/MASTERCARD. To discuss a payment plan or to use a credit card to make payment, please call 352.374.7155. Checks can be mailed to the address below. Monies will be refunded in justifiable cases of emergency. 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)