

Mindful Milestones
at Milestones in the Making: Schiavoni & Associates, Inc.

**Empowerment Camps for Girls
APPLICATION 2017**

Date: ____/____/____ Referral Source: _____

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

School: _____ Grade Level (FALL 2017): _____ 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 _____

Pediatrician: _____

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. Please use back of page for excess information ☺

1 Please note any medical &/or mental health conditions (diagnoses), 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 9AM & 3PM (during camp)?

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

Special instructions for Friday night sleepover? _____

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 bicycle riding?

YES NO

If yes, please describe: _____

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

Does your family have an accepting attitude toward these grading outcomes? (What do you expect her to make?) _____

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

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

Is your child enrolled in Gifted? YES NO

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): _____

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

7 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 inadequate diet - here: _____

Runaway: YES NO *Explain: _____

Theft: YES NO *Explain: _____

Other Concerning History or Behavior? _____

Goals for your child's participation in this 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 mindful.milestones@gmail.com (Email Attachment)

For Youth to Complete:

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

2 If you had \$10 to spend – what would you buy? _____

3 Do you enjoy physical activity? _____ YES _____ NO **Types of physical activity that you enjoy: _____

4 Favorite Group Game(s): _____

5 Favorite Foods: _____

The following info is PRIVATE but will help your counselors to create a safe, comfortable camp environment for you ☺

6 On a scale of 1 to 10 – tell us how difficult it feels for you to make new friends
0 = Not at All Difficult
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?** _____

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

8 If asked to identify at least 1 goal for camp (i.e. something you'd like to accomplish/get out of the camp experience) – what would it be? _____

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

