



Growing Together Behavioral Center
6789 Southpoint Drive | Jacksonville, FL 32216
Phone: 904-556-7330
Email: info@gtbjax.org
Website: www.gtbjax.org

Admissions Application for the 2018 – 2019 School Year

Name of Child _____
(First) (Middle) (Last)

Child's Date of Birth _____ Child's Age _____ Gender _____

Child's SSN (must provide if using insurance) _____

Does your child have a diagnosis of Autism: Yes _____ No _____

Does your child have a diagnosis other than autism (if yes, please explain/provide details):

Diagnosis/Medical Information (Medications, seizures, specialized treatments):

Diagnosing Doctor Name & Contact Information:

Do you have an updated Student Health Examination documentation (Dept of Health Form DH 3040) _____

Do you have an updated Florida Certificate of Immunization (Dept of Health Form DH 680) or a valid Exemption from Immunization department on your child _____

Please note: State law requires these forms must be provided before your child is allowed enrollment.

What type of insurance does your child have: _____

Policy #: _____ Group #: _____

Member Contact Phone: _____ Benefits phone: _____

Is your child eligible for the McKay Scholarship: Yes _____ No _____

Is your child eligible for the Gardiner Scholarship: Yes _____ No _____



Parent/Legal Guardian _____

Address: _____

Cell Phone: _____ Work: _____ Home: _____

Email: _____

Most preferred form of communication: Text _____ Phone call _____ Email _____

Employer: _____

Employer Address: _____

Occupation: _____ Title: _____

Child lives with: _____

Does child have siblings? _____ Do they live in the home? _____

<u>Sibling Name</u>	<u>Age</u>	<u>Gender</u>

Does anyone do any of the following in the home? Smoke _____ Drink _____



Tell us about your child's school experiences (please start with most recent):

School name #1: _____

City: _____ State: _____

Attendance dates: _____ Current grade: _____

Type of classroom/program: _____

What did you like about this school/program?

What created the most challenge about this school/program?

School name #2: _____

City: _____ State: _____

Attendance dates: _____ Current grade: _____

Type of classroom/program: _____

What did you like about this school/program?

What created the most challenge about this school/program?

School name #3: _____

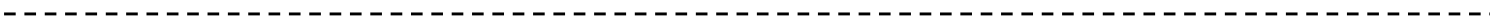
City: _____ State: _____

Attendance dates: _____ Current grade: _____

Type of classroom/program: _____

What did you like about this school/program?

What created the most challenge about this school/program?



What are your main goals for your child moving forward?

What are the most challenging behaviors you and your child experience?

What does your child find most challenging about school?

What does your child love the most about school?

What are your child's favorite things to do?

What are your child's favorite reinforcers/edibles?

Does your child express self-injurious behavior (ex. Hitting, biting, scratching, head-banging)

How would you describe your child's current level of communication?

What additional information would you like us to know about your child?

The undersigned hereby acknowledge that the information contained in this application is accurate and complete to the best of their knowledge and that no information has been intentionally omitted.

PARENT/GUARDIAN: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

**Application fee is \$150. Please make the check out to Growing Together Behavioral Center.
Note that submission of this application does not guarantee enrollment.**