



Growing Together Behavioral Center  
6789 Southpoint Drive | Jacksonville, FL 32216  
Phone: 904-379-6045  
Email: [info@gtbjax.org](mailto:info@gtbjax.org)  
Website: [www.gtbjax.org](http://www.gtbjax.org)

**Admissions Application for the 2019 – 2020 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 form for your child \_\_\_\_\_

Do you have a copy of your child's birth certificate? \_\_\_\_\_

**Please note: State law requires all three documents be provided before your child is allowed enrollment.**

What type of insurance does your child have: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Member contact phone: \_\_\_\_\_ Benefits phone: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ Subscriber's date of birth: \_\_\_\_\_

Subscriber's SSN: \_\_\_\_\_

Is your child eligible for the McKay Scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_

If YES have you filed intent? \_\_\_\_\_ Is the student enrolled in a McKay school currently? \_\_\_\_\_

Is your child eligible for the Gardiner Scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*If YES, please provide a copy of the Gardiner scholarship ID for your child

-----

Parent/Legal Guardian #1 \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Most preferred form of communication: Text \_\_\_\_\_ Phone call \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

-----

Parent/Legal Guardian #2 \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Most preferred form of communication: Text \_\_\_\_\_ Phone call \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Child lives with: \_\_\_\_\_

If child does not live with both parents, please provide a copy of the custody agreement.

Does child have siblings? \_\_\_\_\_ Do they live in the home? \_\_\_\_\_

Sibling Name

Age

Gender

---



---



---



---



---

Does anyone in the home 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.**