



Growing Together Behavioral Center
6789 Southpoint Drive | Jacksonville, FL 32216
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Admissions Application – Summer Camp 2019

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:

If you have ABA services through your insurance company, please fill out everything in this section so we can contact them about service coverage. Also, include a copy (front and back) of the insurance card.

What type of insurance does your child have: _____

Policy #: _____ Group #: _____

Member Contact Phone: _____ Benefits phone: _____

Subscriber Name: _____ Subscriber date of birth: _____

Subscriber SSN: _____

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 describe the custody situation/agreement

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 _____

Where does your child currently attend school?

School name: _____

City: _____ State: _____

Attendance dates: _____ Current grade: _____

Type of classroom/program: _____

What do you like about this school/program?

What creates the most challenge about this school/program?

Will your child be going back to this school in the fall? _____ Yes _____ No _____ Undecided

If no, where will he/she attend? _____

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?

Is your child toilet trained? Please explain in detail regardless of whether the answer is yes or no.

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 \$50. Please make the check out to Growing Together Behavioral Center.
Note that submission of this application does not guarantee enrollment.**