



Growing Together Behavioral Center  
6789 Southpoint Drive | Jacksonville, FL 32216  
Phone: 904-556-7330  
Email: [info@gtbjax.org](mailto:info@gtbjax.org)  
Website: [www.gtbjax.org](http://www.gtbjax.org)

**Admissions Application for the 2020 – 2021 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 #: \_\_\_\_\_

Subscribing member name: \_\_\_\_\_ Subscribers DOB: \_\_\_\_\_

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 \_\_\_\_\_

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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 \_\_\_\_\_

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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?

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What created the most challenge about this school/program?

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School name #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attendance dates: \_\_\_\_\_ Current grade: \_\_\_\_\_

Type of classroom/program: \_\_\_\_\_

What did you like about this school/program?

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What created the most challenge about this school/program?

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School name #3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attendance dates: \_\_\_\_\_ Current grade: \_\_\_\_\_

Type of classroom/program: \_\_\_\_\_

What did you like about this school/program?

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What created the most challenge about this school/program?

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What are your main goals for your child moving forward?

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

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What does your child find most challenging about school?

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What does your child love the most about school?

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What are your child's favorite things to do?

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What are your child's favorite reinforcers/edibles?

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

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

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

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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.**