



Growing Together Behavioral Center
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Growing Together Behavioral Center Mandarin
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Admissions Application

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

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

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 FES-UA Scholarship: Yes _____ No _____

If yes, in previous school years did your student have (circle one) gardiner mckay none

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: _____

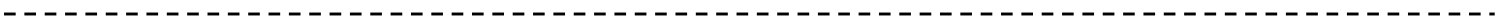
City: _____ State: _____

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 (to be paid if your child is enrolled at GTBC, NOT to be paid in advance).

Note that submission of this application does not guarantee enrollment.

If your child is accepted to Growing Together, please note we will need the following items.

Intake Forms

GTBC Application	
GTBC Parent Intake Form	
Copy of Insurance Card – front and back	
ASD Diagnostic Evaluation from Psych	
Immunization Record & Physical Form	
Referral/Script from MD for ABA	
Emergency Contact Form (on website)	
Individual Education Plan (if coming from public school)	