

**JOYS TO THE WORLD, INC.**

*Serving young adults with multiple disabilities and their families*



**APPLICATION OF INTEREST**

Date Received at The Academy: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

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

Phone: (Main) \_\_\_\_\_ (Other) \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male

High School Completion Date: \_\_\_\_\_ School/District Name: \_\_\_\_\_

Estimated Acceptance & Subsequent Start Date at the Academy: \_\_\_\_\_

Who is the student's legal guardian? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Same address as Student or Address: \_\_\_\_\_

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

Phone: (Main) \_\_\_\_\_ (Other) \_\_\_\_\_

E-mail: \_\_\_\_\_

NOTES:

**STUDENT'S DIAGNOSIS:** *(rank primary #1, secondary #2, other #3, etc.)*

- Asthma                       Down syndrome                       Autism                       Cerebral Palsy
- Epilepsy                       ADD/ADHD                       Diabetes: Type I or II                       Heart condition
- Asperger's                       Traumatic Brain Injury                       Dyslexia                       Blind
- Seizure disorder                       Hypertension                       Developmental delay                       Visual impairment
- Deaf                       Communication delay                       Obesity                       Learning disability
- Spina Bifida                       Intellectual disability                       Hearing impaired                       Muscular dystrophy
- Multiple sclerosis                       Breathing difficulties
- Spinal cord injury: Quadriplegic or paraplegic
- Other \_\_\_\_\_

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Any recent, upcoming surgeries, hospitalizations, or medical issues that might affect regular attendance: \_\_\_\_\_  
\_\_\_\_\_

List other Concerns/Cautions/Emergencies: (breathing, eating, broken bones, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

NOTES:

**MEDICAL INFORMATION:**

Mobility:  Ambulatory (no assist)     Wheelchair-power     Wheelchair-manual  
 Cane(s)     Walker  
Transfers:  Standby     Two person     Mechanical lift     Other \_\_\_\_\_  
 Independent     Stand and pivot     One-person total lift     None

NOTES:

Seizures:     Yes     No  
Type:     Simple Partial     Complex Partial     Status Epilepticus  
Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_  
How is a seizure treated?  Regular meds     Emergency meds     Both  
Symptoms/Outward Signals:  Tonic     Clonic     Tonic-Clonic  
 Myoclonic     Absence

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Medication: Taken at home:     Yes     No    (more details on medical form)

   Taken at school:     Yes     No    (more details on medical form)

Catheterization:     Yes     No    (more details on medical form)

G-Tube:                             Yes     No    Type of G-Tube: \_\_\_\_\_

   Food:     Yes     No    Liquids:  Yes     No

   Medications:  Yes     No

Tracheostomy:     Yes     No    Specify type: \_\_\_\_\_

Hyperactive:     Yes     No    Specify: \_\_\_\_\_

Other:                             Yes     No    Specify: \_\_\_\_\_

**NOTES:**

**BEHAVIOR:** General disposition: (Check all that may apply)

- Generally easygoing                     Unsure of new situations                     Wanders
- Temper tantrums                             Shy/withdrawn                                     Helpful

   Comments: \_\_\_\_\_

Describe your student's personality: \_\_\_\_\_

Does your student have mental issues: \_\_\_\_\_

In your opinion, what is your son/daughter's developmental age? \_\_\_\_\_

**NOTES:**



**APPLICATION OF INTEREST**

Please indicate how often your student exhibits the following behaviors and the consequences:

Behavior	How many times does behavior occur? Daily or monthly?	What causes behavior?	How do you address this behavior?
Scratches, pinches or hits self or others			
Bangs head			
Grabs others			
Touches others inappropriately			
Throws things			
Gets into personal belongings			
Runs away			
Climbs on furniture			
Uses inappropriate language			
Spits on others			
Dumps food or liquids			
Strips clothing			
Other			

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**PERSONAL CARE INFORMATION:**

Eating:  No assist             Partial assist             Total assist

Describe assistance and equipment required for feeding: \_\_\_\_\_

\_\_\_\_\_

Drinking:  No assist             Partial assist             Total assist

Describe assistance and equipment required for drinking: \_\_\_\_\_

\_\_\_\_\_

Any difficulty swallowing:  Yes       No

**NOTES:**

**Toileting:**

**Bladder control:**     No assist       Needs reminder       Occasional accidents  
                                  Incontinent     Total assist

**Bowel control:**     No assist     Partial assist       Total assist

Does your student wear:     Underwear       Pull-ups       Diapers  
                                  Double Diapers       Other \_\_\_\_\_

Please explain toileting routine and special aids: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Student's Academy attendance plan:

FULL TIME: 20 to 40 hours per week \$1,392 per month  
Specify days and hours: \_\_\_\_\_

HALF TIME: 20 or less than 20 hours per week \$696 per month  
Specify days and hours: \_\_\_\_\_

Would you be interested in BEFORE or AFTER Academy day care?  Yes  No  
Regular Academy hours: 8:00 until 4:00 PM  
Describe what you would need: \_\_\_\_\_

My student receives an Oklahoma DDSD Waiver or a Respite Voucher? \_\_\_\_\_

**NOTES:**

Please explain below why you believe your student will benefit from The Joy Learning Academy? (This application will not be considered complete without this information.)

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## **APPLICATION OF INTEREST**

### **PLEASE READ**

Completion of the **Application of Interest** verifies that you are expressing interest for your son/daughter to attend The Joy Learning Academy. Submitting this application and the non-refundable application fee does not assure your student will be offered official enrollment in The Academy, but they will be placed on a waiting list to be considered for acceptance. Your **OFFICIAL** acceptance does **NOT** occur until the required documentation has been received, reviewed, and brought before the eligibility committee. Once a decision has been made, your student will receive a letter of acceptance from The Joy Learning Academy.

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