



## Application for Admission to Camp Aristotle-Fairfax 2020

Name of Applicant _____	LAST	FIRST	MIDDLE	(PREFERRED)
Current Grade _____		Gender	<input type="radio"/> M	<input type="radio"/> F

### ADMISSIONS POLICY

*It is our intention to accept campers who can be well served by our program. Camp Aristotle applies all policies and procedures, including admissions, equally to all students and does not discriminate on the basis of race, religion, socio-economic status, sexual orientation, or national or ethnic origin. Application review will begin when the application is complete. It is the parents' responsibility to ensure copies of all required reports are forwarded to Camp Aristotle to complete the application. Offers will not be made until applications are complete.*

**Please return admissions materials for Camp Aristotle at the Fairfax campus by mail, email or fax to:**

**Mail:** The Auburn School – Camp Aristotle Admissions  
3800 Concorde Parkway, Suite 500  
Chantilly, VA 20151

**Email:** info.fairfax@camparistotle.org  
**Fax:** (703) 793-9355

### DEADLINES

Early bird 5% tuition discount deadline **April 6, 2020**

Regular deadline **May 1, 2020**

*All required materials listed below must be received by the deadlines in order for the application to be processed. Applications received after May 1, 2020 will be accepted if space is available. Please contact us to inquire.*

### APPLICATION CHECKLIST

#### APPLICATION (REQUIRED)

- Completed *Application for Admission*
- Non-refundable \$50 application fee payable to **The Auburn School** (fee will be applied to camp tuition upon acceptance).

#### SCHOOL REPORTS - (REQUIRED)

*(To be forwarded directly to Camp Aristotle by current school and teachers.)*

- Complete and submit *School Release Form* to current school. Ensure all requested information is forwarded to Auburn.
- Provide *Teacher Evaluation* form to one current teacher.

#### TESTING (IF AVAILABLE)

- Complete psycho-educational evaluation and report, completed within the last two years, including:
  - A *cognitive assessment* such as the Wechsler Intelligence Scale for Children (WISC-IV), Wechsler Primary and Preschool Scale of Intelligence (WPPSI), or similar; and
  - For grades 2+, an *academic achievement assessment* on the Woodcock Johnson III (WJ-III), or similar, including reading, math and written language. Completed or updated within last 12 months.

Please provide complete reports from any other testing, if available:

- Speech/language evaluation
- Occupational therapy evaluation
- Other \_\_\_\_\_

#### ADDITIONAL INFORMATION (Include, if applicable)

- Progress reports from any tutors or related services providers
- Current Individualized Education Program (IEP) or "504" plan
- Information on any medical conditions
- Submit *Provider Release Form* to all providers listed in "Service History" section of this application

**REGISTRATION**

Please indicate the weeks you would like your child to attend. 5% discount for multiple week registration.

Full Day	Half Day	Aftercare	Week	Theme	Full Day	Half Day
			Week 1: June 31 – July 2*	Nature	\$650	\$325
			Week 2: July 6 – 10	Super Heroes	\$700	\$375
			Week 3: July 13 – 17	The Senses	\$700	\$375
			Week 4: July 20– 24	Under the Sea and In the Air	\$700	\$375
			Week 5: July 27 – July 31	Aristotle Olympics	\$700	\$375
			Week 6: August 3 - 7	Super Heroes	\$700	\$375

**CAMPER VISIT**

All students new to Camp Aristotle are required to attend an informal visit that will last no more than an hour. Please rank your 1<sup>st</sup> -4<sup>th</sup> preferences for days/times below. We will contact you to arrange a date and time after we have processed the application.

Order of Preference	Day and Time
	Monday late afternoon (3:00-4:30)
	Tuesday afternoon (3:00-4:30)
	Wednesday afternoon (3:00-4:30)
	Thursday afternoon (3:00-4:30)

How did you learn about Camp Aristotle at the Auburn School?

Professional/teacher/colleague		<u>Please list contact info</u>
Website		<u>Please list website or search engine</u>
Fair		<u>Please list fair</u>
Magazine/newspaper		<u>Please list name</u>
Other		<u>Please provide info</u>

**APPLICANT**

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Address \_\_\_\_\_  
STREET APT #

\_\_\_\_\_  
CITY STATE ZIP

**OPTIONAL INFORMATION**

*The following information is optional. Providing this information helps us to complete various statistical surveys and to better understand our admissions patterns regarding diversity. Please indicate your child’s racial/ethnic affiliation, if desired.*

- African-American       Caucasian       Hawaiian/Pacific Islander       Multi-Racial
- Asian-American       Hispanic/Latino       Middle Eastern       Native American
- Other \_\_\_\_\_

**PARENTS/GUARDIANS**

**Parent/Guardian – 1**

**Parent/Guardian – 2**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
STREET APT # STREET APT #

\_\_\_\_\_  
CITY STATE ZIP CITY STATE ZIP

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Profession \_\_\_\_\_ Profession \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

City, State \_\_\_\_\_ City, State \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Education \_\_\_\_\_ Education \_\_\_\_\_

**FAMILY**

The applicant’s parents are:

Please provide any additional information that may be helpful to understand the child’s family or living arrangements:

- Married
- Partnered
- Divorced
- Separated
- Other \_\_\_\_\_

The applicant is child # \_\_\_\_\_ of \_\_\_\_\_ children in the family. If your child was adopted, at what age? \_\_\_\_\_

Does the family speak a language other than English at home? If so, please list: \_\_\_\_\_.

Please list any siblings of the applicant

NAME	AGE	SCHOOL
NAME	AGE	SCHOOL
NAME	AGE	SCHOOL

**SCHOOL HISTORY**

Current School \_\_\_\_\_

Principal or Head of School \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Prior schools attended:

SCHOOL	ADDRESS	DATES ATTENDED	GRADE(S)
SCHOOL	ADDRESS	DATES ATTENDED	GRADE(S)
SCHOOL	ADDRESS	DATES ATTENDED	GRADE(S)

**EDUCATIONAL HISTORY**

Please describe your child’s learning and social difficulties and/or any diagnoses made. Please provide as much detail as possible, including when and how any specific diagnoses were made.

Please describe your child’s areas of academic strength.

Has your child ever repeated a grade? If so, please describe the reasons and which grade(s).

Please describe any concerns you have regarding your child’s social, emotional or behavioral functioning, or any past history of difficulties in these areas.

Has your child been subject to any disciplinary actions at their current or prior schools? If so, please describe.

Does your child have an Individualized Education Program (IEP) or "504" plan?  If so, please attach a copy.

**SERVICE HISTORY**

Please list all tutors, therapists, counselors or other professionals that have worked with your child in the last four years, either inside or outside of school. Please list the services provided, including the frequency. Please provide a copy of the Information Release Form to each provider listed below.

Provider Name / Phone	Services Provided / Frequency	Dates of Service

(Attach additional information if necessary)

**MEDICAL HISTORY**

Please briefly describe any current or prior medical conditions affecting your child, including allergies, vision and hearing.

Please list any medications your child is currently taking and the conditions for which they were prescribed.

Medication	Condition
1.	
2.	
3.	

**STUDENT INFORMATION**

What are your child’s key personal strengths?

What organized activities, clubs, sports, lessons or other groups does your child participate in at school or in the community?

What are your child’s hobbies, activities or special interests, outside of the above?

<b>For each question below, please mark what description most accurately captures your child.</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
1. My child prefers to do things on his / her own, rather than with others.				
2. My child prefers to do things the same way over and over again.				
3. My child reacts to small sounds, movements and touch, when others would not.				
4. In a social group, my child has difficulty keeping track of several different people’s conversations.				
5. My child finds social situations difficult.				
6. When my child talks, it is difficult for others to get a word in edgewise.				
7. My child finds it hard to make new friends.				
8. It upsets my child if the daily routine is disturbed.				
9. My child finds it hard to “read between the lines” when someone is talking to them.				
10. New situations make my child anxious.				

What are your expectations for your child at Camp Aristotle?

Please provide any additional information that you feel may be helpful in understanding your child.

**REFERRALS**

Please list the names of any source(s) through which you heard about Camp Aristotle.

- Professional referrals (doctors, psychologists, consultants, tutors, etc.) \_\_\_\_\_
- Media (newspapers, magazines, etc.) \_\_\_\_\_
- Internet \_\_\_\_\_
- Friends \_\_\_\_\_
- Auburn website
- Other

*We/I confirm that the information in this application is accurate and complete. We/I grant permission to camp Aristotle to obtain any information deemed necessary to complete the application process. This includes, but is not limited to, information from previous schools, service providers or any other individuals that may have knowledge useful to the admissions process. We/I understand that false, misleading, or omitted information provided in this application may result in a denial of admission, or dismissal in the event of admission.*

Signature of Parent/Guardian #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian #2 \_\_\_\_\_ Date \_\_\_\_\_



## Teacher Evaluation

Student Name \_\_\_\_\_

Current Grade \_\_\_\_\_

### TO THE PARENT

Please provide a copy of this form to one of the applicant's current teachers, who should return it directly to Camp Aristotle via The Auburn School. Teacher recommendations are provided in confidence as part of the admissions process. Please sign below acknowledging that information provided to us through this process is confidential and cannot be shared.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent email \_\_\_\_\_

### TO THE TEACHER

Thank you for taking the time to share with us your thoughts about the applicant. Once you have completed the following information, please return it directly to Camp Aristotle admissions. Please note that complete applications are due by April 6, 2020 for an early bird discount, or by May 1, 2020 for the regular deadline.

**Please send completed form by post, fax or email to:**

**Mail:** The Auburn School  
Camp Aristotle Admissions  
3800 Concorde Parkway, Suite 500  
Chantilly, VA 20151  
**Fax:** (703) 793-9355  
**Email:** info.fairfax@camparistotle.org

This form is confidential and will not be shared.

School Name \_\_\_\_\_

Telephone \_\_\_\_\_

Teacher Name \_\_\_\_\_

Teacher Email \_\_\_\_\_

How long and in what context have you known the student?

Please briefly describe the student in your own words.

Please list or describe any techniques or strategies that have proved helpful in working with this student.



Please indicate the applicant’s performance in each of the following areas, as appropriate, and as you have had opportunity to observe.

Social	Academic Performance				Level of Independence			Comments
	Highly Engaged	Engaged	Mildly Engaged	Not Engaged	Independent	Some Assistance	Significant Assistance	
Class participation								
Independent work								
Group work								
Follows directions								
Seeks help when needed								
Initiates conversations/play								
Relationship with peers								
Relationship with staff								

Additional Information	Always	Occasionally	Never	Independent	With Support	Comments
Enjoys fine motor activities (cutting/gluing)						
Enjoys outdoor activities						
Take turns						
Easily transitions						
Responds to redirection						
Prefers to work/play alone						
Sensitive to noise						
Sensitive to touch						
Perseverates						
Task avoidant						
Physically aggressive						

**PLEASE CIRCLE ALL WORDS YOU FEEL DESCRIBE THE APPLICANT**

- |              |                  |             |                |              |                  |                   |               |
|--------------|------------------|-------------|----------------|--------------|------------------|-------------------|---------------|
| bright       | self-disciplined | shy         | assertive      | participates | creative         | articulate        | immature      |
| sociable     | passive          | organized   | funny          | disobedient  | tests boundaries | easily frustrated | distracting   |
| distractible | negative leader  | irritable   | dependent      | gives up     | sits out         | courteous         | withdrawn     |
| leader       | focused/intense  | motivated   | unmotivated    | musical      | confident        | hurtful           | popular       |
| restless     | calm             | physical    | gifted         | imaginative  | supportive       | independent       | agreeable     |
| loner        | stubborn         | responsible | caring         | impulsive    | sad              | curious           | perfectionist |
| honest       | helpful          | anxious     | careless       | resilient    | follower         | irresponsible     | energetic     |
| disorganized | dishonest        | happy       | over-protected | inattentive  | introverted      | athletic          | self-centered |
| outgoing     |                  |             |                |              |                  |                   |               |

Signature \_\_\_\_\_

Date \_\_\_\_\_



### School/Provider Release Form for Application to Camp Aristotle Fairfax 2020

**To the Parent:** Please complete all of the following before giving this form to your child's teacher or service provider.

Name of Applicant \_\_\_\_\_  
LAST FIRST MIDDLE (PREFERRED)

Current Grade \_\_\_\_\_ Gender  M  F

Parent Phonenumber \_\_\_\_\_ Parent Email: \_\_\_\_\_

**I authorize the release of the information requested below to The Auburn School.**

School/ProviderName \_\_\_\_\_ Student's CurrentGrade \_\_\_\_\_

Teacher/Provider'sName \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the School/Provider:** This student has applied for admission to Camp Aristotle at The Auburn School. In order to process the application, we request that you send us all of the following information, **along with a copy of this form.**

Please check off:

- A teacher evaluation (required, see enclosed form)
- Any current testing, report cards, or other reports available
- A current IEP or "504" plan, if available

**Please return all requested information to:**

**Mail:** The Auburn School – Camp Aristotle Admissions  
3800 Concorde Parkway, Suite 500  
Chantilly, VA 20151

**Email:** [info.fairfax@camparistotle.org](mailto:info.fairfax@camparistotle.org)

**Fax:** (703) 793.9355