



Application for Returning Campers

Camp Aristotle-Fairfax 2019

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 the Fairfax Campus of Camp Aristotle via email, post or fax to:

Post: The Auburn School – Camp Aristotle Admissions

3800 Concorde Parkway, Suite 500

Chantilly, VA 20151

Fax: (703) 793-9355

DEADLINES

Early bird 5% tuition discount deadline **April 5, 2019**

Regular deadline **April 30, 2019**

All required materials listed below must be received by the deadlines in order for the application to be processed.

Applications received after April 30, 2019 will be accepted if space is available. Please contact us to inquire.

APPLICATION CHECKLIST FOR RETURNING CAMPERS

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 UPDATED AND/OR NOT CURRENTLY ON FILE)

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 (please 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: July 1 – 5*	Maker's Space (Lower & Upper Camp)	\$600	\$300
			Week 2: July 8 – 12	2019: A Science Fiction Odyssey (Lower & Upper Camp)	\$650	\$350
			Week 3: July 15 – 19	Discovering Dinosaurs (Lower Camp)	\$650	\$350
				Comics, Webtoons & Manga (Upper Camp)		
			Week 4: July 22– 26	Fantastic Beasts (Lower & Upper Camp)	\$650	\$350
			Week 5: July 29 – August 2	The Wide World of Gaming (Lower & Upper Camp)	\$650	\$350
			Week 6: August 5 - 9	Super Heroes (Lower & Upper Camp)	\$650	\$350

APPLICANT

Age _____ Date of Birth _____ Birthplace _____

Address _____
STREET APT #

_____ CITY STATE ZIP

PARENTS/GUARDIANS - PLEASE UPDATE ALL CONTACT INFORMATION

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 _____

CURRENT SCHOOL INFORMATION

Current School _____

Principal or Head of School _____ Telephone _____

Address _____
CITY STATE

UPDATED INFORMATION

Have there been any relevant changes to your child’s educational program or setting since he/she last attended Camp Aristotle? If, so please describe.

Have there been any significant changes in your child's home life since he/she last attended Camp Aristotle? If so, please describe.

Please describe any concerns you have regarding your child's current social, emotional or behavioral functioning.

Has your child been subject to any disciplinary actions at their current or prior schools since he/she last attended Camp Aristotle? If so, please describe.

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

UPDATED SERVICE INFORMATION

Please list all new tutors, therapists, counselors or other professionals that have worked with your child in the last year, 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. _____	_____

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 5, 2019 for an early bird discount, or by April 30, 2019 for the regular deadline.

Please email, mail or fax completed form to:

bkubovcik@theauburnschool.org
The Auburn School
Camp Aristotle Admissions
3800 Concorde Parkway, Suite 500 Chantilly, VA
20151
Fax (703) 793-9355

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 2019

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 via email, post or fax to:

Email: bkubovcik@theauburnschool.org
Post: The Auburn School – Camp Aristotle Admissions
 3800 Concorde Parkway Suite 500
 Chantilly, VA 20151
Fax: (703) 793.9355