



Application for Admission to Camp Aristotle-Silver Spring 2019

| | | | | |
|-------------------------|------|-------|--|-------------|
| Name of Applicant _____ | LAST | FIRST | MIDDLE | (PREFERRED) |
| Current Grade _____ | | | Gender <input type="checkbox"/> M <input type="checkbox"/> 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 Silver Spring Campus of Camp Aristotle for processing:

The Auburn School – Camp Aristotle Admissions
 9115 Georgia Avenue
 Silver Spring MD 20910
 Fax (301) 588-8045

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

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 | Themes | Full Day | Half Day |
|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------------|----------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Week 1: July 1 – 5* | America the Beautiful | \$600 | \$300 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Week 2: July 8 – 12 | Legos & Wonderful Machines | \$650 | \$350 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Week 3: July 15 – 19 | Games, Games, Games! | \$650 | \$350 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Week 4: July 22 – 26 | Around the World in 5 Days | \$650 | \$350 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Week 5: July 29 – August 2 | Art, Music & Story Extravaganza! | \$650 | \$350 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Week 6: August 5 – 9 | Super Heroes and Heroics | \$650 | \$350 |

CAMPER VISIT

All students new to Camp Aristotle are required to attend an informal visit that will last no more than an hour. Please indicate your 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 (3:00-5:30) |
| | Tuesday afternoon (3:00-5:30) |
| | Wednesday early afternoon (12:00-3:00) |
| | Wednesday afternoon (3:00-5:30) |
| | Thursday afternoon (3:00-5:30) |
| | Friday afternoon (3:00-5:30) |
| | Saturday morning (10:00-12:00) |

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

| | | |
|--------------------------------|--------------------------|---|
| Professional/teacher/colleague | <input type="checkbox"/> | <u>Please list contact info</u> |
| Website | <input type="checkbox"/> | <u>Please list website or search engine</u> |
| Fair | <input type="checkbox"/> | <u>Please list fair</u> |
| Magazine/newspaper | <input type="checkbox"/> | <u>Please list name</u> |
| Other | <input type="checkbox"/> | <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:

- Married
- Partnered
- Divorced
- Separated
- Other _____

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

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?

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

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

Please mail completed form to:
The Auburn School – Camp Aristotle Admissions
9115 Georgia Ave, Silver Spring, MD 20910 Fax
(301) 588-8045
Tel (301) 588-8048
info.silverspring@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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Independent work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Group work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Follows directions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Seeks help when needed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Initiates conversations/play | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Relationship with peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Relationship with staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

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

PLEASE CIRCLE ALL WORDS YOU FEEL DESCRIBE THE APPLICANT

- | | | | | | | | |
|--------------|---|-------------|----------------|--------------|------------------|-------------------|---------------|
| bright | <input type="checkbox"/> self-disciplined | shy | assertive | participates | creative | articulate | immature |
| social | 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 Silver Spring 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 Phone number _____ Parent Email: _____

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

School/Provider Name _____ Student's Current Grade _____
Teacher/Provider's Name _____ 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:

The Auburn School – Camp Aristotle Admissions
9115 Georgia Ave, Silver Spring, MD 20910
Fax (301) 588-8045
Tel (301) 588-8048