



## Application for Returning Campers Camp Aristotle-Silver Spring 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.*

**By mail:** The Auburn School – Camp Aristotle Admissions  
9115 Georgia Avenue  
Silver Spring MD 20910

**By email:** [info.silverspring@camparistotle.org](mailto:info.silverspring@camparistotle.org)  
**By fax:** (301) 588-8045

### 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 FOR RETURNING CAMPERS

#### APPLICATION (REQUIRED)

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

#### CURRENT 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 recent 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: June 29 – July 2*	America the Beautiful	\$650	\$325
			Week 2: July 6 – 10	Legos and Wonderful Machines	\$700	\$375
			Week 3: July 13 – 17	Mad Science Week	\$700	\$375
			Week 4: July 20– 24	Around the World in 5 Days	\$700	\$375
			Week 5: July 27 – July 31	Aristotle Olympics	\$700	\$375
			Week 6: August 3 – 7	Super Heroes and Heroics	\$700	\$375

**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 \_\_\_\_\_

**CURRENT SCHOOL INFORMATION**

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

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

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

**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 a current 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 \_\_\_\_\_



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 dependent      | gives up                             | sits out                             | courteous         | withdrawn     |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

Signature \_\_\_\_\_

Date \_\_\_\_\_



## School/Provider Release Form for Application to Camp Aristotle Silver Spring 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 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 send completed form via email, post, or fax to:**

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

**Post:** The Auburn School – Camp Aristotle Admissions  
9115 Georgia Ave, Silver Spring, MD 20910

**Fax:** (301) 588-8045