

# Elite Academy of Academic Excellence

## Application for Services



Booker T Washington Community Center

401 Monroe Street

Macon Ga 31201

[www.eliteachiever.org](http://www.eliteachiever.org)

# GETTING TO KNOW YOU!

Please complete this form to help us learn more about your child & family!

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Preferred Name/ Nickname \_\_\_\_\_ DOB: \_\_\_\_\_

## Parent Information

Mom's name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact during the day? cell work email other: \_\_\_\_\_

Dad's name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact during the day? cell work email other: \_\_\_\_\_

## Health Information

Does your child have any allergies? Yes No

If yes, please list & explain reaction\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*if a food allergy, please also provide a signed doctor's note so we can substitute different snack items\*

Any recent medical incidents? (broken bones, ER visits, allergic reactions, serious illnesses, etc)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can you tell if your child isn't feeling well?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Potty Training

Is your child potty trained? Yes No

If no, have you started potty training at home? \_\_\_\_\_

If yes, where are you at with potty training? (i.e. uses potty occasionally, stays dry most of the day, only accidents at night, etc)

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What words/cues/routines do you use at home when potty training?

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\*If your child isn't potty trained, please make sure to send diapers and wipes to school. \*

## My child....

6 words to describe my child are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child's strengths:

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

When upset, what works best to calm your child down? (words, movements, toys, etc.)

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## Communication

How does your child tell you/show you they are happy or excited?

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How does your child tell you/show you they are sad or disappointed?

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How does your child tell you/show you they are angry/upset?

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How does your child tell you/show you they are hungry or thirsty?

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## Sleep Patterns

How does your child tell you/show you they are tired?

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Typical bedtime: \_\_\_\_\_ Typical wake time: \_\_\_\_\_

Any information that you can provide us about how your child sleeps at night is very helpful. Check the boxes that best describe your child's sleeping habits.

- |  |   |
|--|---|
| <input type="checkbox"/> Sleeps through the night        | <input type="checkbox"/> Wakes early                          |
| <input type="checkbox"/> Wakes up a few times each night | <input type="checkbox"/> Likes to sleep in                    |
| <input type="checkbox"/> Wakes up many times each night  | <input type="checkbox"/> Gets out of bed easily               |
| <input type="checkbox"/> Restless sleeper                | <input type="checkbox"/> Doesn't like to get out of bed       |
| <input type="checkbox"/> Hard sleeper                    | <input type="checkbox"/> Wakes easily to sounds, noises, etc. |
| <input type="checkbox"/> Snores                          | <input type="checkbox"/> Takes a nap during the day           |

Please describe your child's sleep patterns:

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## Likes & Dislikes

My child likes:

Snacks: \_\_\_\_\_  
Toys: \_\_\_\_\_  
TV Show: \_\_\_\_\_  
Movie: \_\_\_\_\_  
Food: \_\_\_\_\_  
Drink: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child does NOT like:

Food: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sensory Preferences

Please check the following sensory experiences that your child enjoys or those that are calming for them when they're upset.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hugs               | <input type="checkbox"/> Slime         | <input type="checkbox"/> Squishy toys             |
| <input type="checkbox"/> Squeezes/ pressure | <input type="checkbox"/> Finger Paint  | <input type="checkbox"/> Noisy toys               |
| <input type="checkbox"/> Jumping            | <input type="checkbox"/> Slides        | <input type="checkbox"/> Darkness or dimmer light |
| <input type="checkbox"/> Music              | <input type="checkbox"/> Rolling       | <input type="checkbox"/> Headphones (mute sound)  |
| <input type="checkbox"/> Sand               | <input type="checkbox"/> Books         | <input type="checkbox"/> Tickles                  |
| <input type="checkbox"/> Playdoh            | <input type="checkbox"/> Heavy lifting | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Quiet Room         | <input type="checkbox"/> Other: _____  |   |

Sensory notes about my child: \_\_\_\_\_  
\_\_\_\_\_

## Edible Reinforcers

Occasionally we use edible reinforcements to reward and motivate children when they complete their learning activities. Edible reinforcers are given in very small portions. Please check the box for any edible reinforcements your child is allowed to have (and enjoys).

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Goldfish crackers | <input type="checkbox"/> Pretzels        | <input type="checkbox"/> Gummy bears  |
| <input type="checkbox"/> M&Ms              | <input type="checkbox"/> Popcorn         | <input type="checkbox"/> Fruit loops  |
| <input type="checkbox"/> Skittles          | <input type="checkbox"/> Chips           | <input type="checkbox"/> Jelly beans  |
| <input type="checkbox"/> Marshmallows      | <input type="checkbox"/> Cheese crackers | <input type="checkbox"/> Candy corn   |
| <input type="checkbox"/> Raisins           | <input type="checkbox"/> Chocolate chips | <input type="checkbox"/> Banana chips |

Please limit the use of: \_\_\_\_\_