



Thank you for your interest in applying to have your child participate in _____. The following application must be completed before we can determine the suitability of your child for these programs. The child's primary caretaker should complete all questions. Only a parent or legal guardian can apply for services for their child through The Children and Family Programs.

Please note: Submission of materials does not guarantee acceptance into our programs. Our goal is to ensure that we can meet your child's needs. In some cases, we may request additional information about your child or request that your family participate in an interview to gather additional information.

You will be contacted when all the information in the application has been received and advised as to the status of your child's application. If you have any questions regarding the application process, please contact me at (470) 578-2233

Thank you again for your interest in The Children and Family Programs.

Sincerely,

Allison Garefino, Ph.D.

Documents can be mailed to:

School of Conflict Management, Peacebuilding and Development
Attn:
Children and Family Programs
Center for Conflict Management
MD 1604
365 Cobb Avenue
Kennesaw, GA 30144

Guardian Information

Parent/Guardian (1) Name: First _____ Last _____

Parent/Guardian (1) Relationship _____

Mother

Father

Step-parent

Adoptive parent

Grandparent

Guardian

Other

Verification of Legal Custody of Child (please check one)

I have legal authority to enroll the above named applicant in The Children and Family Programs

I do not have legal authority to enroll the above named applicant in The Children and Family Programs

Additional Family Information (please provide additional family information you feel would be helpful with the application process, such as information regarding custody):

Contact Information

Home Address:

_____ / _____
Street Address

_____ / _____
Address Line 2

_____ / _____ / _____
City State Zip Code

Country

Primary Phone Number: _____ - _____ - _____

Secondary Phone Number: _____ - _____ - _____

Email: _____

Would you like to be added to the CFP's mailing list? Yes No

School Information

Child's Grade in School: _____

School District: _____

School Name (Name of Building): _____

Teacher's Title: Mrs. Ms. Miss Mr.

Teacher's Name: First _____ Last _____

Teacher's Email Address: _____

May we contact your child's teacher in order to complete a rating scale to describe your child's functioning at school? Yes No

Has your child ever been retained/held back? Yes No

Has your child ever been suspended from school? Yes No

Does your child have a history of running/bolting from a group? Yes No

Does your child have a history of physical aggression towards self or others? Yes No

Is this student classified through the CSE? Yes No

If yes, please indicate classification (circle):

Autism (AUT)

Emotional Disturbance (ED)

Hearing Impairment (HI)

Learning Disabled (LD)

Intellectually Disabled (ID)

Multiple Disabilities (MD)

Orthopedic Impairment (OI)

Other Health Impairment (OHI)

Speech/Language Impaired (SI/LI)

Traumatic Brain Injury (TBI)

Visual Impairment (VI)

Does the student have a(n): IEP 504 Accommodation Plan **If so, please include a copy.**

Medical Information

Does the applicant currently have a mental health/
developmental disability diagnosis? Yes No

If yes, please indicate the applicant's diagnosis: _____

Does your child/family presently see a community mental
health professional (e.g., psychologist, counselor)? Yes No

If yes, please indicate for what reasons or the treatment goals that are being addressed.

Does your child take medication? Yes No

If yes, please describe type of medication(s), dose and reason.

Do you plan to have your child take his/her medication
during the summer program? Yes No

Does your child have any physical health conditions that would prevent or limit his/her ability to
participate in recreational/camp activities?

Yes No

If yes, please describe:

Does your child have any known allergies? Yes No

If yes, please describe:

Does your child have a history of seizures? Yes No

If yes, indicate which

Social/Behavioral Information

Please complete the following information to identify your child's main difficulties or areas of concern that you would like to see improve over the summer. This list of concerns may be turned into treatment targets.

Concern #1

Describe the concern

Indicate the severity of the concern

Not a concern at all - 1 2 3 4 5 6 7 8 9 10 - Huge concern

Concern #2

Describe the concern

Indicate the severity of the concern

Not a concern at all - 1 2 3 4 5 6 7 8 9 10 - Huge concern

Concern #3

Describe the concern

Indicate the severity of the concern

Not a concern at all - 1 2 3 4 5 6 7 8 9 10 - Huge concern

How did you hear about the Children and Family Programs at KSU? Please select any that apply.

Initials_____