



School of Conflict Management,
Peacebuilding and Development



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

Applicant Information

Child's Name: First _____ Last _____

Child's Date of Birth (MM/DD/YY): _____

Child's Age: _____ Child's Gender: _____

Guardian Information

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

Parent/Guardian (1) Relationship to Child:

Mother Father Step-parent Adoptive parent
Grandparent Guardian Other _____

Parent/Guardian (1) Marital Status:

Married Separated Divorced Widowed Never Married

Parent/Guardian (1) Currently (or during the last 12 months) employed full-time or part-time outside of the home

Yes No

Parent/Guardian (1) Please circle highest grade completed on scale

5 6 7 8 High School Undergraduate/College Graduate School
9 10 11 12 13 14 15 16 17 18 19+

Parent/Guardian (2) Name: First _____ Last _____

Parent/Guardian (2) Relationship to Child:

Mother Father Step-parent Adoptive parent
Grandparent Guardian Other _____

Parent/Guardian (2) Marital Status:

Married Separated Divorced Widowed Never Married

Parent/Guardian (2) Currently (or during the last 12 months) employed full-time or part-time outside of the home

Yes No

Parent/Guardian (2) Please circle highest grade completed on scale

5 6 7 8 High School Undergraduate/College Graduate School
9 10 11 12 13 14 15 16 17 18 19+

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.**

Class Size (number of students in class): _____

Does the student have a 1:1 aide or require individualized adult support? Yes No

If yes, please describe the frequency and reasons for this level of support. (Please specify why additional adult support is needed for your child, e.g., feeding, injurious behaviors, running away, behavioral intervention plan, verbal/physical prompting to stay on task, direct instruction, transitions, supervising social interactions, etc.)

Have you ever been concerned about your child's speech or language development? Yes No

If yes, at what age(s) were you concerned and what made you concerned about his/her speech and/or language development? (Please describe [e.g., not talking by age 2 years, had trouble pronouncing words, did not appear to understand simple directions at age 3 years, etc.]

Did your child **previously** receive speech/language therapy? Yes No

If yes, at what age? _____

Does your child **currently** receive speech/language therapy? Yes No

If yes, approximately how many minutes per week? _____

If yes, what speech or language areas are the focus of therapy? (Check all that apply)

- _____ Articulation (i.e., pronunciation)
- _____ Pragmatic Language (i.e., using vocal tone, volume, pitch, or intensity to convey meaning to others; understanding implied, not explicit, information)
- _____ Expressive Language (i.e., what the child can say)
- _____ Receptive Language (i.e., what the child can understand)
- _____ Other (Explain) _____

Medical Information

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

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

Please include a copy of your child's diagnostic report, if applicable.

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 type: _____

Please indicate any additional health information you feel would be helpful with the application
process.

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.

- My child is a returning child
- My child's school/teacher
- Pediatrician/psychologist
- Kennesaw State University's website
- Online search
- Facebook
- Radio
- Publications
- Cobb in Focus Magazine
- Health expo or community event
- Other _____

I hereby certify that the information contained on this application is true and correct to the best of my knowledge.

Signature _____

Date

Initials _____