



St. Stephen's
Lutheran Academy

2017 ESY Application

ST. STEPHEN'S ESY PROGRAM DATES:

July 10th -27th, 2017

Monday – Thursday 9 am – 1:30 pm

St. Stephen's ESY Information:

Certified special education teaching staff will facilitate experiential education activities for students to prohibit skill regression and promote social skill development. Uniquely tailored activities engage students with social skill challenges, such as those commonly associated with Autism, speech and language impairments, as well as students with emotional / behavioral challenges including ADHD, ODD and severe anxiety and depression. Student IEP goals are targeted, monitored and reported to school districts.

St. Stephen's ESY is located at 485 W. Beaver Street. Zelienople, PA 16063

All application information must be completed by a parent/guardian to be registered.

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Date of Application _____

STUDENT INFORMATION:

Student's Full Name: _____

Gender: _____ Birthdate: _____ 2016-2017 Grade Level: _____

PARENT/GUARDIAN INFORMATION:

Parents/Guardian Name(s) _____

Parent/Guardian email address (please print clearly) _____

Cell Phone Number(s) _____

Home Telephone Number () _____ Work Telephone Number () _____

Street Address _____

City, State _____ Zip Code _____

Emergency Contact (after parent/guardian contact listed above)

Name _____ ph. # () _____

SCHOOL DISTRICT INFORMATION:

School District: _____

Name and Title of School Contact: _____

Phone Number of School Contact: _____

School Contact Email address: _____

STUDENT MEDICAL INFORMATION (To be completed by parent/guardian):Does your child have a clinical diagnosis? Yes No

If yes, what is your child's current diagnosis? _____

Does your child currently display significant acting out, ritualistic, or self-stimulating behavior? Yes No

If yes, please describe _____

Will your child be attending with a TSS? Yes NoDoes your child have any allergies or other medical concerns? Yes No

If yes, please list: _____

Is your child currently taking medications? Yes No***If child takes medication during ESY hours, the attending physician's written instructions and the family's written instructions must be submitted at the start of ESY with the medication in a sealed Ziploc bag.***

Has your child had any of the following:

Autism Spectrum Disorder	<input type="radio"/> Yes	<input type="radio"/> No	Injury to Self	<input type="radio"/> Yes	<input type="radio"/> No
Aggression towards peers	<input type="radio"/> Yes	<input type="radio"/> No	Injury to Others	<input type="radio"/> Yes	<input type="radio"/> No
Aggression towards adults	<input type="radio"/> Yes	<input type="radio"/> No	Running Away or Bolting	<input type="radio"/> Yes	<input type="radio"/> No
Behavior Problems/Home	<input type="radio"/> Yes	<input type="radio"/> No	Learning Disabilities	<input type="radio"/> Yes	<input type="radio"/> No
Behavior Problems/School	<input type="radio"/> Yes	<input type="radio"/> No	Mental Retardation	<input type="radio"/> Yes	<input type="radio"/> No
Destruction of property	<input type="radio"/> Yes	<input type="radio"/> No	Noncompliance	<input type="radio"/> Yes	<input type="radio"/> No
Emotional Disturbances	<input type="radio"/> Yes	<input type="radio"/> No	Repetitive Acts	<input type="radio"/> Yes	<input type="radio"/> No
Hyperactivity	<input type="radio"/> Yes	<input type="radio"/> No	Hearing Impairment	<input type="radio"/> Yes	<input type="radio"/> No
Vision Impairment	<input type="radio"/> Yes	<input type="radio"/> No	Toileting Concerns	<input type="radio"/> Yes	<input type="radio"/> No

Describe in detail behaviors demonstrated by your child _____

Does your child have seizures? Yes No If yes, describe _____

All campers with seizure precautions require medical history clearance from physician for mounted activities

Does your child use verbal language to communicate? Yes No
If no, how does your child communicate needs? _____

Are there any other medical concerns that would limit your child's participation? Yes No

If yes, please describe _____

Are there any activities in which your child is not permitted to participate? Yes No

If yes, please specify _____

How does your child get along with other children? _____

How does your child get along with adults? _____

What specific behavior problems should staff be aware of? _____

What can you suggest that might distract or redirect your child from inappropriate behavior? _____

Please describe any concerns that you may have relevant to your child's ESY experience _____

Please add any other specific information that you feel will help the staff to better provide a beneficial experience for your child _____

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- ✓ **PLEASE BE SURE TO COMPLETE ALL INFORMATION.**
 - ✓ **ALL INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED BY THIS AGENCY TO BETTER SERVE YOUR CHILD.**
 - ✓ **ST. STEPHEN'S RESERVES THE RIGHT TO DETERMINE ADMISSION INTO THE ESY PROGRAM REGARDLESS OF WHEN THAT APPLICANT'S APPLICATION WAS RECEIVED.**
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PLEASE RETURN COMPLETED FORM TO:
ST. STEPHEN'S LUTHERAN ACADEMY
c/o Brandy Dietrich, Assistant Principal
P.O. Box 70 Zelienople, PA 16063

For more information, call (724) 452-4453 ext. 1154 or email bdietrich@gladerun.org