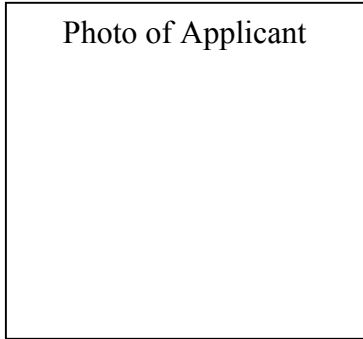




The Joshua School
 for Children with Autism and Special needs
 2900 South University • Denver, CO 80210
 303.758.7171 • www.joshuaschool.org



Application for Admission Early Intervention (ages 2.5 -6.0)

Due to our non-profit status, we are required by law to keep the following information on file. Information you provide here will in no way influence your child's potential admission to The Joshua School.

1. Applicant

 Last Name First Middle

Date of Birth: _____ Age: _____ Gender: (M) ____ (F) ____

(Other) _____ Social Security Number: _____

Race: ____ Caucasian ____ African American ____ Hispanic ____ Asian ____ Other

Applying for (please check one): ____ Full Day ____ Half Day – AM ____ Half Day – PM

Has your child received a diagnosis of an autism spectrum disorder or a related developmental disability from a physician or other professional? Yes ____ No ____ Diagnosis? _____

Is your child eligible for Medicaid? Yes ____ No ____ Other funding: _____

Current or Previous School (if not currently attending): _____

School Address: _____

School Contact: _____ School Phone: _____

Other current provider's names (s) and contact (s) (OT, speech, etc): _____

2. Parent/Guardian Information

Mother's Name/ Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell/Other) _____

Email: _____

Father's Name / Legal Guardian: _____

Home Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell/Other) _____

Email: _____

Parents' Marital Status: Married Separated Divorced Single Widowed

Child lives with (check all that apply) Father Mother Both Other: _____

What talents, resources, interests, or professional skills would you, as a parent or guardian, be willing to share with The Joshua School community? Please describe.

3. Siblings and Extended Family

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

4. Questions and information about your child

What would you like us to know about your child? _____

What are your goals for your child and how do you see The Joshua School assisting you in meeting those goals? _____

What communication skills does your child currently have? (How does your child communicate: verbal communication, signs, pictures/PECS, voice generating device). Describe how he/she gets his/her needs met.

Describe your child's level of independence. Is your child potty-trained? Does he/she dress self? _____

What are your child's interests, talents, and motivations (reinforcers)? _____

What behavior issues, if any, does your child have? (Ex. Aggressive towards others, self-injurious, etc.)
What triggers these behaviors? _____

Please describe your child's physical health, including nutrition and eating habits (dietary restrictions, special diets), medications, and health issues or concerns. _____

5. Parent Agreement and Application Signature

We believe that parent/guardian support and collaboration are crucial to the success of any child. Not only do parents and guardians know their child better than anyone else, they have an investment in their child that produces amazing growth when applied at home and in school. Staff at The Joshua School work to help children grow in mind, body, and spirit. Together, we create a program for each child that is unique, thoughtful, and full of care. We know that parents are the cornerstone of each child's success, and so we ask parents to support us, to the best of their ability, in helping each child at school. We expect that parents will attend all team meetings, parent workshops and trainings, and participate fully in their child's education, bringing skills and follow-through into the home environment. We also ask that parents volunteer a minimum of 12 hours per year at the school.

Thank you for your interest in The Joshua School. We welcome any questions or comments you may have. 303-758-7171



I agree that I have legal authority to complete this form and that all of the information I have provided is correct and complete to the best of my knowledge. I give my permission for the Admissions Counselor to contact any of the above contacts for the purpose of gathering information that would assist in the admissions process of the applicant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please send completed application to:

**The Joshua School
2303 E. Dartmouth Ave.
Englewood, CO 80113
303-758-7171**

The Joshua School admits students of any race, sex, color, national and ethnic origin and grants all rights and privileges, generally accorded or made available to students at the school. The school does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

The Joshua School is a non-profit, 501(c)(3) organization.