



After School Program Application Students not currently enrolled at Victory Academy

Childs Information

Last Name: _____ First Name: _____ Middle Name: _____

Child's Preference of Name: _____

Date of Birth: _____ Age: _____

Ethnicity/Race (optional) Please select which category best represents the child:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic/Latino/Spanish origin | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other | |

1st Parent/Guardian Information

Last Name: _____ First Name: _____

Home Address _____

Best Contact Number _____ Type of Number _____

Alternative Number _____ Type of Number _____

Email Address: _____

2nd Parent/Guardian Information

Last Name: _____ First Name: _____

Home Address: _____

Best Contact Number _____ Type of Number _____

Alternative Number _____ Type of Number _____

Email Address: _____ Occupation: _____

Directions: Please type your responses to the following questions and return to Kyna Brockett at kyna@victoryacademy.

Once this application is submitted, Kyna will contact you to set up a short intake interview and tour of the campus with your child. These interviews will take place the week of August 29th, 2016.

Educational History:

Where does your child currently attend school? Describe their classroom. What do you like/dislike about this setting?

Describe which environments/teaching methods work best for your child (i.e. Do they need a quiet work space? Are they a visual learner? Do they learn well in a group?) Are there any environments/teaching methods you know to not work for your child?

Which afterschool program(s) or therapies interest you/your child? What after school programs would you like to see at Victory Academy that are not currently being offered (dance, foreign language, etc.)?

Biomedical and Therapeutic Information

Does your child have any current physical or mental health needs that you are addressing? How/what medications/therapies are you using to address these needs?

Does your child have any food allergies or dietary restrictions? What are their preferred/not preferred foods?

Getting to know your child

Describe your child's strengths and challenges

Describe your child's favorite activities when they are alone; when they are with family; and when they are with peers.

How does your child interact with adults versus peers?

Describe your child's response to routines and transitions, both at school (if applicable) and at home.

Is your child independent in the bathroom? If not, how/with what do they need assistance (i.e. wiping, verbal reminders to wash hands, walking with staff to the bathroom)?

Does your child have any fears or anxiety? If so, what have you found helpful in managing their fears or anxiety?

Describe your child's typical demeanor (i.e. attention-seeking, calm, anxious, mood fluctuations, go-with-the-flow)

What is your child's primary method of communication (i.e. verbal, written, augmentative, sign)? Describe how your child uses language (i.e. Do they express wants and needs? Answer yes and no questions? Engage in back and forth conversation?).

Does your child follow simple directions? Complex directions?

Does your child exhibit aggression in any form? If so, is this aggression typically toward self (i.e. hitting head on wall, pinching or biting self) and/or toward others (i.e. children, family only, adults, community members)?

Is there anything else you would like us to know about your child?