



Preliminary Application of Interest

Date: _____

School Year of Interest:
2017-2018 _____
2018-2019 _____

1. Child Information

Last Name	First	Middle
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Date of Birth: _____ Age: _____ Gender: (M) ____ (F) ____

Has your child received a label or a diagnosis of autism or a related disorder from a physician or other professional? Yes ____ No ____

Name of Diagnosing Physician: _____

Diagnosis: _____

If your child has attended school, please complete:

Name of School: _____ Dates Attended: _____

Address: _____

Please describe the educational approach of this school: _____

Classroom Ratio _____

Contact: _____ Phone: _____

2. Parent/Guardian Information

Mother's/Father's Name/ Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell/Other) _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Mother's/Father's Name / Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell/Other) _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Parents' Marital Status: Married Separated Divorced Single Widowed

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

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

What behavior challenges, if any, does your child exhibit? (Ex. Aggression, stereotypical, self-injurious, etc.) What triggers these behaviors? _____

Please comment on child's nutritional needs (dietary restrictions, special diets). _____

Please describe any medical or physical concerns/needs including medications prescribed: _____

How did you hear about the Manhattan Childrens Center? _____

Do you have legal representation? If so, can you please provide their name? _____

The Manhattan Childrens Center admits students of any race, color and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, national or ethnic origin in administration of our educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Federal law mandates a free appropriate public education for your child. When you place your child in a private school you are responsible for the cost of tuition. If the private school you choose is deemed appropriate to meet your child's educational needs, the school district may be required to reimburse you for the cost of such private placement.

Please send completed application to:

**Patricia Paloma
Head of Admissions
Manhattan Childrens Center
111 West 92nd Street
New York, N.Y. 10025
or
fax to 646-963-2069, Attention Patricia Paloma**

If you have any questions, please contact Patricia Paloma at 212-749-4604.