



## APPLICATION FOR SUMMER PROGRAM

At the Shorkey Center, "Kids are our specialty." We offer a broad range of expertise in serving children with special needs and strive to meet the needs of the community. Some parents have expressed interest in a summer day care for children with special needs as well as a summer toilet training program. This application process helps us determine the extent of interest and need in these areas. We need an estimate of the number of children who will be enrolling in each service to determine staffing, how many openings will be available and so forth. Services, hours, and days may be adjusted to meet the needs of the community. Please write in any requested changes or additions in the "notes" section at the bottom of the page.

**Application deadline:** Friday, 5/1/09

**Determination for Enrollment:** parents/guardians will be notified no later than Monday, 5/11/09 regarding a child's enrollment status.

**Potential Dates of service:** Services will be offered 6/15/09 – 7/31/09

**Application fee:** a one-time \$50 fee must be submitted with the application. This fee will be credited toward the child's first week service fees. An application will not be considered without the application fee.

**Deposit:** a deposit equal to one week of service will be required on the child's first day of service. The enrollment fee will be applied to the child's last week service fees.

### Please check all services in which you are interested in participating

	POTENTIAL SERVICE	HOURS	DAYS	ESTIMATED FEES
<input type="checkbox"/>	Full time Daycare	8:30-4:30	M-F	\$100-110/child
<input type="checkbox"/>	Half time Daycare	8:30-12 or 1-4:30	M-F	\$70-80/child
<input type="checkbox"/>	Mother's Day Out	8:30-12	Tu/Th	\$60-70/child
<input type="checkbox"/>	Full time toilet training	8:30-4:30	M-F	\$180-190/child
<input type="checkbox"/>	Full time toilet training with parent participation	8:30-4:30 (parent assists 4 hours daily)	M-F	\$130-140/child
<input type="checkbox"/>	Half time toilet training	8:30-12 or 1-4:30	M-F	\$95-105/child
<input type="checkbox"/>	Half time toilet training with parent participation	8:30-12 or 1-4:30 (parent assists 9 hours weekly)	M-F	\$70-80/child
<input type="checkbox"/>	Half-day toilet training with half-day child care	8:30-4:30	M-F	\$145-155/child
<input type="checkbox"/>	Outreach ABA pull outs*	During child's day care hours	as scheduled	\$40/hour or per financial assistance

\* any child not currently enrolled as an Outreach client will need to apply for this service separately.

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SEND COMPLETED APPLICATION WITH DEPOSIT TO 855S 8<sup>TH</sup> ST, BEAUMONT, TX 77701 OR FAX TO (409) 838-1337

FOR MORE INFORMATION ABOUT THE SHORKEY CENTER, PLEASE CALL 409-838-6568 OR VISIT WWW.SHORKEY.ORG

**GENERAL CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Disability(s): \_\_\_\_\_

Secondary Disability(s): \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

**MEDICAL INFORMATION:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Insurance Co. \_\_\_\_\_ Policy holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

**ALLOWED TO PICK UP CHILD (OTHER THAN THOSE LISTED ABOVE)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary phone \_\_\_\_\_

**NOT ALLOWED TO PICK UP CHILD**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

I hereby grant permission for the staff of this facility to (Please initial your permission at each blank space provided)

- \_\_\_\_\_ Administer Prescription Medication (must be in original container from pharmacy)
- \_\_\_\_\_ Administer Non-Prescription Medication  
(list) \_\_\_\_\_
- \_\_\_\_\_ allow release of routine info to authorized pick-up persons
- \_\_\_\_\_ have our staff provide any minor First Aid deemed necessary
- \_\_\_\_\_ Allow your child to participate in water play
- \_\_\_\_\_ Allow your child to swim in the pool

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENT
Dt/a/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PHEUMOCOCCAL						
OTHER						

Toileting level of child (Are they on a toileting schedule, in diapers, pull-ups, or underwear?) *Toileting level will not affect acceptance into the program* \_\_\_\_\_

Describe any problem behavior your child exhibits (aggression, self-abuse, etc) and how often they occur per day or per week. \_\_\_\_\_

Describe your child's form of communication \_\_\_\_\_

Children will eat lunch at 11:30 daily and snack at 2:00. Children should bring their own lunch and snacks. Children should also bring a change of clothes, sunscreen and bug spray. Toilet training clients need 3 pair of shorts and underwear.