



## ILEAP Student Application

Intervention, Learning, Engagement, Assistance Program

### Student Information

Semester: \_\_\_\_\_

\_\_\_\_\_  
First Name MI Last Name

My child answers to : \_\_\_\_\_

\_\_\_\_\_  
Age Date of Birth Sex: M   
F

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code Home Phone Number Cell Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
List the name of any enrichment program(s) your child attends What day(s) does he/she attend?

My child will attend ILEAP:  Monday  Tuesday

(Days are subject to change Fall 2018)

My child has attended ILEAP in the past:  YES  NO

If yes, please list which semester and the year: \_\_\_\_\_

Do you have a Facebook, and can we tag you in pictures of your child?  YES  NO

\_\_\_\_\_  
Facebook Name

\*\*Student T-Shirt Size: \_\_\_\_\_ (Possibly for ILEAP shirt)



## Emergency Contacts (Please provide contacts other than parents, if applicable)

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Contact Name	Relation	Daytime Phone	Evening Phone
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Contact Name	Relation	Daytime Phone	Evening Phone
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Contact Name	Relation	Daytime Phone	Evening Phone
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## Siblings

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Name	Age
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Name	Age
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Name	Age
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## Therapy Services

List the therapy services your child currently or have received:

Type of therapy:

Phone:

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Therapist & Office Name:

Address:

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Type of therapy:

Phone:

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Therapist & Office Name:

Address:

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## Medical Information

My child has been medically diagnosed with Autism:  Yes  No

My child has been referred for a diagnostic evaluation and is currently on a wait list.:  Yes  No

Are immunizations up to date?  Yes  No

**(\*\*\*PLEASE ATTACH A COPY OF CHILD'S CURRENT BLUE IMMUNIZATION FORM\*\*\*)**

Does your child have any allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions we should be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any food restrictions?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications that would prevent him/her from participating in all activities of the ILEAP Program?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

List medications your child takes on a regular basis:  None

Medication	Dose	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your child need any medications administered during ILEAP?  Yes  No **\*\*\*If yes, Please see front office to complete a medication form**

Your child's primary care physician's name: \_\_\_\_\_

Primary care physician's phone number: \_\_\_\_\_

## Social Information

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

What frightens your child? \_\_\_\_\_

\_\_\_\_\_

What do you do to comfort your child? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite snacks? \_\_\_\_\_

\_\_\_\_\_

Does your child currently sign to communicate? \_\_\_\_\_

\_\_\_\_\_

List the places your child frequently visits: \_\_\_\_\_

\_\_\_\_\_

List the significant people in your child's life: \_\_\_\_\_

\_\_\_\_\_

List types and names of pets in your home (if any):

\_\_\_\_\_

## Referred By

How did you hear about us? Check all that apply.

Friend/Family Member

Parent of A&A Student

Word of Mouth

Arts 'n Autism Website

Kid's Life Magazine

Early Intervention Referral

Other: \_\_\_\_\_

## Arts 'n Autism Student Field Trips

Students will be taking field trips during Arts 'n Autism ILEAP Program. These trips are planned to enrich your child's curriculum. The trips are well organized and supervised.

Prior to trips, you will receive details of the trip, including place, transportation (bus or contracted transportation), time, and what the child will need (i.e., closed toe shoes, swimsuit, etc.).

I agree to my child, \_\_\_\_\_, participating in these field trips and understand that the students will be instructed in the rules of safety for these trips and that every safety precaution will be taken by the staff.

In the case of an accident, injury, or illness, I permit my child to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand all measures will be taken to contact me if emergency care is required.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Permission to Transport

I, \_\_\_\_\_, do hereby freely grant the Arts 'n Autism ILEAP Program permission to transport (in the bus(s) owned by Arts 'n Autism or contracted bus) my child, \_\_\_\_\_, to and from any and all locations within the Tuscaloosa metro area to attend activities planned by the Arts 'n Autism ILEAP Program.

I further release the Arts 'n Autism ILEAP Program from any and all claims for any injuries that could be sustained directly or indirectly during the transport of my child.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Emergency Treatment Release

In the event of an accident, injury, or illness, I permit my child to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand that all measures will be taken to contact me if emergency care is required.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

## Photograph/Videotape Release

I, \_\_\_\_\_, do hereby freely grant the Arts 'n Autism: ILEAP Program permission to photograph and videotape my child, \_\_\_\_\_ for public relations in any media, including but not limited to: the Arts 'n Autism website, Facebook, Instagram, Arts 'n Autism publications, and local news and/or media outlets. I further release the Arts 'n Autism ILEAP Program from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of, or connected with the use of such photographs/videotapes.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Car Seat/Safety Seat Addendum

I, \_\_\_\_\_, do hereby freely grant the Arts 'n Autism ILEAP Program to transport (in the bus owned by Arts 'n Autism or a contracted bus) my child, \_\_\_\_\_, with / without (circle one) the use of a car seat/safety seat. I understand that my child will be securely buckled in with a seat belt in the van or contracted bus.

If my child requires a car seat/safety seat, I agree to provide a car seat/safety seat for my child's use during field trips scheduled by Arts 'n Autism ILEAP Program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### Please check one:

My child \_\_\_\_\_ **does** require a car seat/safety seat for transport.  
(\*By checking this option, I agree to provide a car seat/safety seat for my child.)

\_\_\_\_\_ **does not** require a car seat/safety seat for transport, but will be buckled in with a seat belt .

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Demographic Information (optional for grant writing purposes)

Language Spoken in Home

- 2 parent household
- 1 parent household
- Foster
- Other: \_\_\_\_\_

Ethnic Origin

- Household Income:
- less than \$10,000 a year
  - more than \$10,000 a year

County student lives in \_\_\_\_\_ Age:  <6 OR  6-18 (please check one)



## Financial Responsibility

I agree to pay the full amount of my child's tuition for this semester of ILEAP.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

IS THERE ANOTHER PARTY RESPONSIBLE FOR PAYING PART OF YOUR CHILD'S BILL?

YES

NO

IF YES,

I, \_\_\_\_\_, agree to pay \_\_\_\_\_ % of my child's tuition bill.

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date