

2004  
APPLICATION  
FOR  
ADMISSION



339 North Broadway  
Upper Nyack, New York 10960  
(845) 358-7772  
(845) 358-5288 fax  
www.summitnyack.org

1. Applicant's name \_\_\_\_\_  
LAST FIRST MIDDLE

2. Address \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP CODE

3. Telephone (please include area code) \_\_\_\_\_

4. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
MONTH DAY YEAR

5. Applicant's Social Security number (if any) \_\_\_\_\_

6. Family medical insurance \_\_\_\_\_

Family major medical insurance \_\_\_\_\_

7. In which public school district does applicant reside? \_\_\_\_\_

8. C.S.E. classification \_\_\_\_\_ C.S.E. meeting date \_\_\_\_\_

9. Applicant is now enrolled as a student in \_\_\_\_\_

ADDRESS PHONE CONTACT PERSON

10. Please list the names and locations of all hospitals, clinics, social agencies, courts, private physicians, psychologists and therapists to whom the applicant is known. Whenever possible, please include the division of the clinic you visited (i.e. pediatric, psychiatry, etc.).

NAME	ADDRESS	PHONE	DATES

11. Please indicate with whom of the above the applicant is currently in treatment:

NAME

ADDRESS

PHONE

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12. If the applicant is currently on a medication program, state the name(s) of the medication(s):

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and the name, address and telephone number of the prescribing physician:

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13. If the applicant is affected by any allergies, please describe the reaction:

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14. Please describe any physical restrictions about which the Summit staff should have knowledge:

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15. Please list what you consider to be the applicant's outstanding abilities and talents:

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16. Please describe what you consider to be the applicant's outstanding difficulties and/or problems:

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17. How do you feel the Summit program can best contribute to your child's development?

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18. Are the applicant's biological parents both: \_\_\_\_\_  
LIVING, MARRIED, DIVORCED, SEPARATED

EXPLAIN (ADOPTION, ETC.)

19. Legal guardian of applicant's name and relationship. Please give address and telephone if it is different from the applicant's home address.

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20. Father's name \_\_\_\_\_

Phone (if different from that of applicant) \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP CODE

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Occupation \_\_\_\_\_ Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY, STATE ZIP CODE

21. Mother's name \_\_\_\_\_

Phone (if different from that of applicant) \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP CODE

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Occupation \_\_\_\_\_ Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY, STATE ZIP CODE

21. Stepparent's name \_\_\_\_\_

Phone (if different from that of applicant) \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP CODE

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Occupation \_\_\_\_\_ Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY, STATE ZIP CODE

23. List applicant's brothers and sisters:

NAME	DATE OF BIRTH	PRESENT WHEREABOUTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. List one person other than the parents to be contacted in an emergency:

NAME	RELATIONSHIP	PHONE
_____	_____	_____

NUMBER STREET CITY, STATE ZIP CODE

25. Please add any additional information that might be helpful in processing this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given in this application is complete and accurate.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_