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## Enrollment Application

**Instruction:** Please complete this document to the best of your ability.

**Student Name:** \_\_\_\_\_

### Areas of Information:

- General Information
- Medical and Health Information
- Educational and Other Therapy Information
- Behavior Information
- Goals
- Supplemental Information
- Application Fee

#### Administrative Use Only

##### Application Fee:

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Check # (if applicable): \_\_\_\_\_

Received by: \_\_\_\_\_

##### Evaluation:

- 1<sup>st</sup> Day Scheduled: \_\_\_\_\_
- 2<sup>nd</sup> Day Scheduled (if needed): \_\_\_\_\_
- Accepted
- Withdrawn/Not Accepted

##### Enrollment Paperwork Received

Received by: \_\_\_\_\_

##### Enrollment Deposit:

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Check # (if applicable): \_\_\_\_\_

Received by: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_



Others : \_\_\_\_\_

Please specify which foods he/she is allergic to:

\_\_\_\_\_

- Any dietary restrictions? YES \_\_\_ NO \_\_\_

If YES, explain: \_\_\_\_\_

- Is the student's vision within normal limits? YES \_\_\_ NO \_\_\_ If NO, explain: \_\_\_\_\_

- Is the student's hearing within normal limits? YES \_\_\_ NO \_\_\_  
If NO, explain: \_\_\_\_\_

- Is the student's weight within normal limits? YES \_\_\_ NO \_\_\_  
If NO, explain: \_\_\_\_\_

- Is the student currently on any medications? YES \_\_\_ NO \_\_\_  
If YES, please list medications below:

Name of Medication	Date Prescribed	Dosage	Purpose

- Are there any medical conditions to consider when delivering ABA/Educational services? YES \_\_\_ NO \_\_\_

If YES, explain: \_\_\_\_\_

- Are there any other medical treatment interventions? YES \_\_\_ NO \_\_\_

If YES, explain: \_\_\_\_\_

- Student's Primary Physician: \_\_\_\_\_

Address of the physician: \_\_\_\_\_

- Is your child toilet trained? YES \_\_\_ NO \_\_\_

If No, please provide more information:

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT: For health and sanitary reasons, children who are not toilet trained must wear protective undergarments.**

## EDUCATIONAL AND OTHER THERAPY INFORMATION

**Please list the services the student is currently receiving (or the last place attended):**

Public School (K – 12) County: \_\_\_\_\_ Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_  ESE Program: \_\_\_\_\_

Has current IEP

Current Services:  OT  PT  Speech  Other: \_\_\_\_\_

Private School County: \_\_\_\_\_ Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_  ESE Program: \_\_\_\_\_

Has current IEP

Current Services:  OT  PT  Speech  ther: \_\_\_\_\_

Pre-School or Daycare Name of Program: \_\_\_\_\_

Home School Provided by:  School  Therapist  Parents

Early Steps Program Services: \_\_\_\_\_

## BEHAVIOR INFORMATION

*The focus of our school programs is social and academic development. It may not be suitable for children with high levels of problem behaviors. These behaviors can be better addressed through our ABA therapy program.*

**What motivates your child? (List your child's LIKES and DISLIKES: any items, activities, or foods)**

LIKES	DISLIKES

**Are there any behavior concerns that we should be aware of:**

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## APPLICATION FEE

*A \$290.00 (before June 30) or \$350 (after June 30) nonrefundable application fee must be submitted with the application. We accept check, cash or credit card. Please make checks payable to Alpine Academy.*

### Credit Card Payment

<b>Type of Credit Card</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><b>VISA</b></td> <td style="text-align: center; width: 50%;"><b>MASTERCARD</b></td> </tr> <tr> <td style="text-align: center;"><b>DISCOVER</b></td> <td style="text-align: center;"><b>AMERICAN EXPRESS</b></td> </tr> </table>	<b>VISA</b>	<b>MASTERCARD</b>	<b>DISCOVER</b>	<b>AMERICAN EXPRESS</b>
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<b>DISCOVER</b>	<b>AMERICAN EXPRESS</b>				
<b>Cardholders Name</b> (as it appears on the card)					
<b>Billing Address</b> (street, city, state, zip)					
<b>Card Number</b>					
<b>Expiration Date</b>					
<b>CVV Number</b> (3-digit code located on the back of the card)					