

Behavior Analysis Center of Asheville

Evidence-based intervention for people with Autism

Return to: Behavior Analysis Center of Asheville

PO Box 6118 Asheville, NC 28816

Preschool Application Form

Date Received: _____

Eligible: Yes No

Ineligible Date: _____

Intake Meeting: _____

Or call to inform of ineligibility: _____

CHILD INFORMATION

Name: _____ Birth date: * _____ Male Female
(First) (Middle) (Last) (Month/Date/Year) (Please Circle)

Address: _____
(Street / City / Zip Code)

County in which child attends day care or preschool: _____ Day care or preschool attending: _____

PARENTS OR LEGAL GUARDIANS COMPLETING THIS FORM

Parents Legal Guardians Other Name: _____

Address: _____ Phone #: _____
(Street / City / Zip Code)

PRIMARY CAREGIVERS (When different than above)

Name: _____ Phone #: _____

Address: _____
(Street / City / Zip Code)

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address: _____

Home Phone #: _____ Home Phone #: _____

Place of Work: _____ Place of Work: _____

Work Phone #: _____ Work Phone #: _____

Other Phone #: _____ Other Phone #: _____

Email address: _____ Email address: _____

Custodial Parent? Yes No

Custodial Parent? Yes No

Married Common-Law Separated Divorced Single Widowed

Number of other children living in the home: _____ Ages of other children: _____ Do siblings have disabilities? _____

In the case of joint custody, both parent signatures are required on Page 3. In the case of sole custody, documentation must be provided to show evidence of such arrangement. Only the custodial parent signature is required on Page 3.

Are both custodial parents in agreement with the application? Yes No

MEDICAL INFORMATION

Please describe in detail any medication, vitamins, and/or special diet your child is currently receiving. If and when changes occur, the parent/legal guardian commits to immediately notify the BACA Clinical Director in writing. The following information will be reviewed at each Annual Review Meeting.

Upon Application Date: _____

Intake Meeting (to be completed by BACA) Date: _____

LANGUAGES

What is the primary language spoken in the child's daily environment?
 English Spanish Other: _____

DIAGNOSTIC INFORMATION*

Diagnosis: _____ Date Diagnosed: _____
(Day/Month/Year)

Name of professional who made the diagnosis: _____
Address of professional who made the diagnosis: _____

Does your child have any other diagnosis or medical concerns? Yes No
If yes, please explain:

*** Copy of diagnostic evaluation must be attached.**

CURRENT SERVICES

Social Services Worker Name: _____ Phone #: _____
Does your child currently attend preschool or day care? Yes No If yes:
Nursery School/Day Care Name: _____
Address: _____ Phone #: _____
(Street / City / Zip Code)

Preschool/Day Care Director Name: _____
May Behavior Analysis Center of Asheville contact the people listed in the above section for a reference? Yes No

Please indicate the services your child is currently receiving:

Type of Service	Yes	No	Provider and Frequency of services
ABA Therapy			
Occupational Therapy			
Physical Therapy			
Speech Therapy			
Early Intervention			
Part of ongoing research			
Other (Please Specify)			

AGREEMENT TO SERVICES AND FINANCIAL INFORMATION

I understand and commit to my child being required to attend preschool for a minimum of 25 hours a week for 48 weeks a year, wellness or weather permitting: Yes No If no, explain:

I understand and agree to my child being dismissed from the BACA ABA preschool should the above time requirements be violated more than three of the 48 weeks: Yes No If no, explain:

I understand and agree that one or both parents or caregivers of the child is required to attend update meetings twice a month: Yes No If no, explain:

I understand and agree to my child being observed by members of the community (such as interns from colleges, media, or others involved in research or education) when these people are escorted by the Clinical Director of the preschool. Any observer will be required to sign a form for confidentiality purposes, and no child's last name would be disclosed.
Yes No If no, explain:

I understand and agree to the Clinical Director or BACA staff spending at least two hours per month working in the home setting with the primary caregivers of the child: Yes No If no, explain:

I understand and agree to one or both parents or caregivers of the child being trained and evaluated on skills relevant to the child's ABA program bi-monthly: Yes No If no, explain:

Either one of the child's parents or caregivers could volunteer the following amounts of time **per week** in the preschool:
 1-2 hours 3 to 5 hours 6 to 10 hours If none, please explain:

I am aware that one year of ABA intervention costs approximately \$30,000.00 and that being admitted to the preschool does not guarantee services will be provided for more than one year. Services are contingent upon the generous contributions of foundations and individual donors. Yes No

I am able pay the following for 12 months of intervention: \$ 6,547 (tuition at Immaculata Catholic) \$20,000 to \$30,000 \$15,000 to \$20,000 \$10,000 to \$15,000 \$ 6, 547 to \$10,000 None of the above

SIGNATURES

 * Father

 * Mother

 Legal Guardian's Relationship to Child (if not parent)

 Legal Guardian's Relationship to Child (if not parent)

 Date (Month/Day/Year)

 Date (Month/Day/Year)

OTHER INFORMATION

Should you have any additional information you would like to share with us regarding your child, or questions we can answer regarding Applied Behavior Analysis for Children with Autism, please make your comments here: