

Attach
recent
photo of
child
here

Application

After School Pals

An After School Recreation Program for Kids with ASD

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

County: _____

Home Phone: _____ Other Phone: _____

School Attending: _____

Parent/Guardian Name: _____ Relationship: _____

Child's Diagnosis: _____

Family/Parent E-Mail: _____

- My child attended Kelberman Center recreation programs in the past.
- My child attended another recreation program in the past
(please specify: _____)
- My child has never attended recreation programs.

- My child IS Medicaid Waiver Eligible.
- My child has been denied Medicaid Waiver services.
- We have never applied for Medicaid Waiver services for my child.

- My child has received services from the Kelberman Center. Please list:

What does your child like to do? What are his/her interests?

What activities does your child dislike? Are there activities he/she will not do?

What do you hope your child will get out of this recreation program?

In school, what is your child's educational placement? Does your child have an aide?

Describe any sensory issues your child may have (loud noises, touching, etc.)?

Please describe any behavioral concerns for your child. What usually causes these behaviors? What are some effective ways to deal with them?:

Please explain any special precautions that should be taken when interacting with your child (biting, hitting, scratching, doesn't like to be touched, etc.):

What else would you like us to know about your child?

After School Pals
Alternative Payment Form

Child's Name: _____ Date: _____
Parent/Guardian Name: _____
Home Address: _____
County: _____
Phone: _____
E-Mail: _____

Alternative Payment Agreement

Method of Payment: _____
If using credit card, card number and expiration: _____

Scholarship Request

Our family would like to be considered for a need-based scholarship.
Family Annual Gross Income: _____
Number of children in household: _____
Amount Requested: _____
My child can only attend the recreation program if we receive a scholarship for:
\$_____ full
Please state why you are requesting a scholarship:

Parent/Guardian Signature

Date

** This program may qualify for family reimbursement. Please contact your Medicaid service coordinator for more information.*