

# CONFIDENTIAL

## Application for Admission



To be completed by parent or guardian (*please print*)

Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle D M Y

Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address, Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

### Parent 1:

Name: \_\_\_\_\_  
Last First Middle Initial

#### Home address:

Same as above  See following

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_

#### Business

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address, Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Relationship Status:

Single  Married  Divorced  Separated  
 Remarried  Same Sex

Name of Step-Parent: \_\_\_\_\_

Mother deceased  Father deceased

### Parent 2:

Name: \_\_\_\_\_  
Last First Middle Initial

#### Home address:

Same as above  See following

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_

#### Business

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address, Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Relationship Status:

Single  Married  Divorced  Separated  
 Remarried  Same Sex

Name of Step-Parent: \_\_\_\_\_

In instances where there is separation or divorce in the family, it is YMCA Academy protocol to send all school information to both parents.



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Student Background p. 2



Has the student taken an educational assessment or IQ Test?  Yes  No Date: \_\_\_\_\_

Administered by: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*(Please attach reports/results.)*

Is the student now, or in the past, under the care of a physician, psychologist, psychiatrist, or other professional counselor?  Yes  No

If Yes please provide the name and address of the attending professional and reason for consultation.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Reason for consultation: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Has the student been dismissed or withdrawn from any school?  Yes  No

Reason: \_\_\_\_\_

\_\_\_\_\_

How did you learn of the YMCA Academy?

\_\_\_\_\_

\_\_\_\_\_

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Emergency Information



Student Name: \_\_\_\_\_ Ontario Health Card #: \_\_\_\_\_  
First: \_\_\_\_\_ Last: \_\_\_\_\_  
Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_  
Home Ph: (\_\_\_\_) \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_  
Business Ph: (\_\_\_\_) \_\_\_\_\_ Business Ph: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Other: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_  
Doctor's Ph: (\_\_\_\_) \_\_\_\_\_ Dentist's Ph: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (If parent is unavailable) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_  
Business Ph: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

### HEALTH HISTORY

The more information you can provide, the better we can meet the needs of your son/daughter. This information will only be used by the Academy staff if needed. If there is any additional information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the YMCA Academy. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination.

Vaccination: What is the approximate date of your son/daughter's last booster shot? \_\_\_\_\_

History of communicable disease and approximate dates:

- Chicken Pox YEAR     Measles YEAR     Mumps YEAR     German Measles YEAR  
 Scarlet Fever YEAR     Hepatitis YEAR     Mononucleosis YEAR     Other \_\_\_\_\_ YEAR

- Carries ANA kit:  No                       Yes  
Carries Epi-pen:  No                       Yes  
Wears Medic-Alert Bracelet:  No                       Yes, for \_\_\_\_\_

Other Health issues (please check applicable areas):

- Diabetes     Epilepsy     Asthma     Ear infections     Hypertension     Kidney Trouble     Hearing  
 Frequent cold/ sinus     Bleeding/ clotting     Skin Conditions     Back Injury     Slight     Knee Injury  
 Emotional Behaviour

Allergies to:                      Please list specifics:  
Drugs:                       No     Yes    \_\_\_\_\_  
Food:                       No     Yes    \_\_\_\_\_  
Peanut products:     No     Yes    \_\_\_\_\_  
Insects:                       No     Yes    \_\_\_\_\_  
Other:                       No     Yes    \_\_\_\_\_

For female students: Has she menstruated?  Yes     No  
If so, is menstrual history normal?  Yes     No    Additional comments: \_\_\_\_\_

Dietary needs or restrictions:  No restrictions     Vegetarian     Other \_\_\_\_\_

Is the student under any form of treatment for any illness, condition or injury?  Yes     No  
If yes, please explain and detail routines/ medications etc. on a separate piece of paper and attach it to application.

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Release of Record Form



Full name of applicant (Please print) \_\_\_\_\_ Date: \_\_\_\_\_

To whom it may concern

We ask that you kindly forward to the YMCA Academy:

- 1) A current transcript for the above named student, including grades, and credits
- 2) Any IQ, achievement or other diagnostic testing.

If available, an explanation of your grading system would be most helpful.

**We appreciate your immediate attention to this request.**

**Our Sincere thanks.**

We, the undersigned, give permission to \_\_\_\_\_ Current School \_\_\_\_\_  
to release to the YMCA Academy the above documents.

**Parent 1:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle initial

Home Ph: (\_\_\_\_) \_\_\_\_\_

Business Ph: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Student:**

Name: \_\_\_\_\_  
Last First Middle initial

Signature: \_\_\_\_\_

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

**Parent 2:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle initial

Home Ph: (\_\_\_\_) \_\_\_\_\_

Business Ph: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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## Parent Questionnaire



To be filled out by parent or legal guardian. Please use additional sheets if necessary.

Student's Full Name: (please print) \_\_\_\_\_

1. What special education services (if any) has your son/daughter received?

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2. Has your son/daughter ever repeated a grade? If so, explain.

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3. What do you perceive to be your son/daughter's strengths, abilities and talents?

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4. What do you perceive to be your son/daughter's areas of greatest need?

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5. What do you perceive to be your son/daughter's primary difficulties in school?

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6. Is your son/daughter presently motivated to learn?

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7. How would you characterize your son/daughter's memory?

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8. Is English your son/daughter's first language? If not, what is, and at what age did your son/daughter begin to speak English?

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9. Does your son/daughter initiate reading in his/ her free time? If so, what are his/ her reading habits?

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10. What does your son/daughter do in leisure time? Explain his/ her hobbies/ Interests (i.e. athletics, art, drama).

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11. Describe your son/daughter's relationship with siblings.

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12. Describe your son/daughter's relationship with his/ her mother and father.

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13. What does your son/daughter like most about school?

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14. What does your son/daughter dislike most about school?

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15. Has your son/daughter had any extended periods of absence from school due to illness, truancy, suspension or expulsion? Explain.

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# CONFIDENTIAL

Parent Questionnaire P. 3



16. How does your son/daughter feel about himself/ herself in general?

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17. How is your son/daughter viewed by his/ her peers?

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18. Has your son/daughter displayed behaviour problems in school? At home?

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19. Why do you want your son/daughter to attend the YMCA Academy?

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20. Please list other schools being considered.

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21. Please comment on you son/daughter's previous experiences at day camp, residential camp, or boarding school. Were these experiences positive?

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22. Does your son/daughter have any history of emotional problems or psychological counseling? If so, please give an explanation as to the nature of the problem and its treatment.

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23. Does your son/daughter have any history of theft, tobacco use, use and/or abuse of alcohol, illicit drug use or prescription drug abuse? If so, please give an explanation as to the nature of the problem and its treatment.

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# CONFIDENTIAL

Parent Questionnaire P. 4



24. Are there any activities you would like to have emphasized, or see your son/daughter directed toward?

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25. Are there any activities you would like your son/daughter to not participate in?

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26. Does your son/daughter eat nutritionally balanced meals? Are they family meals? Please note any food allergies.

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27. Does your son/daughter have a history of bed wetting, fear of animals, darkness, sleeping out of doors, etc?

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28. How do you feel about your son/daughter attending the YMCA Academy?

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29. How does your son/daughter feel about attending the YMCA Academy?

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This form was filled out by:

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DECLARATION

I, \_\_\_\_\_ warrant that all information described above is, to the best of my knowledge correct.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** *Intentional falsification of information on this form may lead to the termination from the program.*













