

Encinitas Learning Center

543 Encinitas Boulevard, Suite 100

Encinitas, CA 92024-3744

Telephone: 760-634-6886 - Facsimile: 760-634-0646

**APPLICATION FORM**

CONFIDENTIAL

Application for: ☐ **Educational Therapy**☐ **Testing**☐ **Non-Public School**☐ **Other:**☐ **Screening****Staff Use Only:**Student's Name: _____
FIRST LAST Nickname

Date of Enrollment: _____ Age: _____

DIR OPS Clients__Statements__Ledger__Labels__Referral__Email

☐ **Allergies****1. Primary Parent/Guardian Contact**☐ Use this Address for Billing?

Name

Cell:

Street Address:

City:

State:

Zip:

Home Telephone:

Work Telephone:

Email:

2. Second Parent/Guardian Contact☐ Use this Address for Billing?

Name:

Cell:

Street Address:

City:

State:

Zip:

Home Telephone:

Work Telephone:

Email:

3. Emergency Contact Information

Name:

Relationship to Student:

Email:

Home Telephone:

Work Telephone:

Cell Phone:

4. Medical Insurance Information☐ Current Information Already on File

Student Health Ins. Provider:

Insurance Policy No.

Insured

Parent or Guardian's Name

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Student Information

5. Name:

First Name

Last Name

Nickname

6. Student's

Date:

Month:

Year:

Date of
Birth

7. Gender:

Male

Female

8. Height:

9. Weight:

10. Student's Cell Phone (if applicable)

11. Does your child have any mental health related concerns? If so, please describe below: (Use back if needed) ☐ Back Used

12. Has the student had testing for a learning disability? If so, please state:

Date(s):

Who performed testing:

Results/Diagnosis testing:

13. Has your child been diagnosed with any of the following items?

If so, please circle all that apply

ADHD

Apraxia

Auditory Issues

Autism/ASD/PDD

CAPD

Cerebral Palsy

Cognitive Delays

Down's Syndrome

Epilepsy/Seizure Disorders

Fragile X

Speech & Language Disorder

Tourette's Syndrome

Other? (Please state)

14. Have any family members other than the student been diagnosed with any of the items circled in section 14?

15. Application is for: (Circle all that apply)

Educational Therapy

Testing

Speech Therapy

Non-Public School

Test proctoring

Other:

16. ALLERGIES:

____ Yes

____ No

☐ Bee Stings?

☐ Medications? If so, please list:

☐ Nuts? If so, please list types:

☐ Other:

17. MEDICAL CONDITIONS:

☐ Asthma

☐ Backache or weak back

☐ Bowel/Bladder Problems

☐ Air Care/Sea Sickness

☐ Epilepsy/seizure disorder

☐ Glasses

☐ Hay Fever

☐ Headache

☐ Hearing Problems

☐ Heart Trouble/Murmur

☐ Poison Ivy/Poison Oak

☐ Respiratory Problems

☐ Sinus Problems

☐ Sleepwalking

☐ Vomiting

☐ Vision Problems

☐ Other:

18. Date of last tetanus Shot:

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Educational Information

Student's Name: _____

19. Do you suspect that your child has a learning disability that has not yet been identified? If so, explain:

20. School Currently Enrolled in:

21. Grade:

22. Teacher(s):

1.

2.

District:

✓ 23. How did you learn about the Encinitas Learning Center? (Please check all that apply)

24. If referred by an outside professional (e.g. therapist, teacher, psychologist, etc.) please state the reasons for the referral:

☐ Referred by Client: _____

☐ Referred by an outside professional

☐ Read an Advertisement in: _____

☐ Internet Site: http:// _____

☐ Other: _____

25. Does the student have any of the below? **If so, please provide the Encinitas Learning Center with a copy.**

☐ An SST

☐ BIP

☐ An IEP

☐ BSP

☐ A Section 504 Plan

What is the student's primary qualifying criteria for the item checked above?

26. **For students currently in school:** If you would like us to check your student's grades and be aware of any missing assignments, please provide the access information for the school:

SCHOOL LOGIN INFORMATION:

EMAIL:

PASSWORD:

27. Does the student use any modifications or accommodations on tests or school work? If so, please list or attach a copy of these for our reference.

28. What are your educational goals for your student:

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29. What are your student's areas of interest?

30. What are your student's strengths?

31. What are your student's dislikes?

32. What are your student's weaknesses or triggers?

33. Please list any strategies or programs previously used and whether they were successful or not:

Parent/Guardian's Signature:

Today's Date: