



AURORA DAY SCHOOL

3776 LaVista Road, Suite 200
Tucker, GA 30084
(404) 377-8882

APPLICATION 2010-2011

The admissions to Aurora Day School is as follows:

- Fully complete & submit this application with a **non-refundable \$100 application fee**.
- If the parent(s), Aurora Day School staff, and other appropriate individuals together, based on the application and supporting documentation, believe it would be appropriate to continue the enrollment process, Aurora Day School will contact you to schedule a visit/interview for you and your student.
- If necessary, applicant will meet with other teachers/specialists for further evaluation.
- Submit your choice of school location and reason for this choice.
- Based on these visits and the application materials, Aurora Day School will make a decision about admission to the program.
- Immediately after admission to Aurora Day School, submit a **non-refundable \$1000 deposit** and fully complete & submit the Enrollment Agreement.

Aurora Day School in Tucker, GA

Tucker Location is my: ___ only choice ___ first choice ___ second choice ___ no interest

Reason for Choice _____

Aurora Day School at Children’s Therapy Works in Alpharetta, GA

Alpharetta Location is my: ___ only choice ___ first choice ___ second choice ___ no interest

Reason for Choice _____

Notice of Nondiscriminatory Policy

The school at Aurora Strategies, Inc. admits students of any race, creed, or national and ethnic origin to all the rights and privileges, programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, creed, color, or national and ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.



Accredited by the Georgia Accrediting Commission

Name of Applicant _____
Last First Middle Nickname

Date of Birth _____ Gender M ___ F ___ Anticipated Grade for August 2010 _____

Student's Home Address _____
Street

City State Zip

Student Lives With ___ Both Parents ___ Mom* ___ Dad* ___ Other* _____

*If there is a custody arrangement or court-ordered custody arrangement, please include a copy of this prior to the start of school.

Family Information:

Name of Parent _____

Home Address _____
Street

City State Zip

Home Telephone _____ Cell Phone _____

Work Telephone _____ E-Mail _____

Employer _____
Company Occupation

Address

Name of Parent _____

Home Address _____
Street

City State Zip

Home Telephone _____ Cell Phone _____

Work Telephone _____ E-Mail _____

Employer _____
Company Occupation

Address

Marital Status _____
Married Divorced Separated

Siblings

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational History:

Name of Current School

_____ Name

_____ Address

_____ Contact Person Telephone Number

_____ Dates of Attendance

_____ Reason for Leaving

Name of Previous School

_____ Name

_____ Address

_____ Contact Person Telephone Number

_____ Dates of Attendance

_____ Reason for Leaving

Medical History:

Child's Pediatrician

_____ Name Phone

_____ Address

Has your child seen by a Psychiatrist, Psychologist or Counselor? Yes _____ No _____

Child's Psychiatrist

_____ Name Phone

_____ Address

Child's Psychologist _____
Name Phone
Address

Child's Counselor _____
Name Phone
Address

Does your child have a diagnosis? _____

If yes, what is your child's diagnosis? _____

Is your child currently taking any medication? Yes _____ No _____

Name of Medication(s) _____	Dose _____
_____	Dose _____
_____	Dose _____
_____	Dose _____

Please list any known Allergies

Is your child on a special diet? Yes _____ No _____ If yes, please describe:

Therapeutic Services:

Has your child been Therapist for OT, ST/LT, PT or another therapy? Yes _____ No _____

Occupational Therapist _____
Name Phone
Address
Dates of Service Frequency

Speech/Language Therapist _____
Name Phone
Address
Dates of Services Frequency

Physical Therapist	_____	
	Name	Phone

	Address	

	Dates of Service	Frequency
Other Therapist	_____	
	Name	Phone

Type of Therapist	Address	

	Dates of Service	Frequency

Social/Emotional History:

1. Please describe how your child interacts with you _____

2. Please describe how your child interacts with siblings _____

3. Please describe how your child interacts with peers _____

4. How does your child function in group settings? _____

5. What types of activities is your child interested in? _____

6. Please describe your child's typical play/interaction skills. (Include information about the ages of the people your child chooses to play with; if your child chooses to be a leader, follower or loner; how many people your child is comfortable playing with at one time; and whether your child prefers a few close friends or a lot of acquaintances. Also include favorite play "themes") _____

7. When your child is upset, what behavior do you typically see? (kicking, biting, screaming, hurts self/others, withdrawn, leave room/activity, refuse to talk) _____

8. How long does it take for your child to "recover" when upset? _____

9. What does your child do to calm him/herself? _____

10. Does your child exhibit impulsive behavior? ____ If yes, please describe _____

11. Does your child exhibit aggressive behavior? ____ If yes, please describe _____

12. Does your child exhibit anxiety? ____ If yes, please describe _____

13. Please describe how your child makes transitions between people, activities or environments (include level of independence during transitions, need for transitional objects and/or need for advance preparation about schedule changes) _____

14. Does your child need constant reminding to initiate or complete familiar tasks? ____ If yes, please describe ____

15. Please describe your child's sensitivity to movement. (Include information about the types of movement your child likes and dislikes, the frequency with which your child seems to seek movement and your child's behavior regarding being moved off the ground.) _____

16. Does your child seek out tight spaces or spaces under pillows or cushions? ____ If so, please describe _____

17. Does your child have any fixations (i.e. an obsessive or passionate interest in something)? ____ If yes, please describe the fixation(s) and how it affects your child. _____

18. Please describe a typical day for your child. (Include information regarding all activities: morning routine, transitions to and from school and behaviors that might be seen in a typical day) _____

19. Please list any additional information you would like Aurora Day School to know _____

Multimedia Privacy Release:

Aurora Educational Strategies, Inc. (Aurora) implements videotaping and/or photography during evaluations, therapy, classes or camps to demonstrate and evaluate student and client progress with each program utilized. Please note that this release exclusively pertains to Aurora's public use of video and/or photographs; Aurora may continue its use of videotaping and/or photography for private use in educating staff and/or demonstrating program progress for a student and parent/guardian.

This release includes the following: voice and visual likeness (on photographs and video).

- I release Aurora, its agents, employees, licensees, and assigns from any and all claims I may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, reproduction, adaptation, distribution, broadcast, performance, or display of any works created by Aurora.
- I waive any right to inspect or approve any works that may be created containing the Materials.
- I understand and agree that the Aurora is and shall be the exclusive owner of all right, title, and interest, including copyright (reproduction rights), in any works and any advertising or promotional materials containing the Materials.
- I understand that I will not receive compensation or royalties now or in the future for the use of the materials or photos of myself or my child as part of the advertisement or promotion.
- **Protection of Privacy** – I understand that Aurora will not use my name and identifying information or my child's name and identifying information for use in any of the Materials.

_____ **I agree** to have portions of myself or my child videotaped or photographed during evaluations, therapy, classes, or camps by Aurora Strategies, Inc.

_____ **I do not agree** to have portions of myself or my child videotaped or photographed during evaluations, therapy, classes, or camps by Aurora Strategies, Inc.

_____ **I am willing** to have my child's picture featured wherever needed in relation to educational presentations and promotion or advertising of Aurora Strategies, Inc.'s services.

_____ **I am not willing** to have my child's picture featured wherever needed in relation to educational presentations and promotion or advertising of Aurora Strategies, Inc.'s services.

Application Summary:

Please indicate which of the following school settings you are applying for:

___ Four Children/One Teacher*
With Occasional 8:1 Group Classes

___ One Child/One Teacher*
With Occasional 4:1 Group Classes

*Aurora Day School reserves the right, upon meeting with parents, to change a child's school setting to a 4:1 or 1:1 setting based upon the educational, emotional, social, and behavioral needs of the student.

The applicant should also include:

- **All assessment reports or psychological evaluation reports from the past three years.**
 - **Any other information that will help us to fairly and completely evaluate the applicant.**
Please note that any paperwork submitted to Aurora Day School is the property of Aurora Educational Strategies, Inc. and you should retain your own copies of the documentation. Aurora Educational Strategies, Inc. cannot make copies for you.
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Agreement and Release:

By signing the application for Aurora Day School, the student and the parents agree to the following terms and conditions:

- 1) This agreement is a legally binding contract. We unconditionally release Aurora Day School/Aurora Educational Strategies, Inc. (Aurora) from any claims for damage, injury, loss or expense incurred as a result of the applicant's participation in the Aurora Day School unless the loss is caused by the gross negligence of Aurora. We also release Aurora from claims for damage, injury, loss or expense (including Aurora tuition and other costs) caused by events beyond its control, including program termination resulting from acts of God...regulations or other causes.
- 2) The student is responsible for exercising caution and following the Aurora Creed at all times to avoid injuries and prevent hurting themselves, others, and property.
- 3) Parents/Guardians are responsible for payment to replace any and all property stolen, damaged or destroyed by their child. We agree to make immediate payment upon request.
- 4) If the student become ill or incapacitated, Aurora may take such actions as it considers necessary under the circumstances, including securing medical treatment. We release Aurora from any liability relating to this medical care. We also authorize Aurora to take whatever action it deems to be necessary and in the student's best interest in the event of any unforeseen event or condition. If Aurora incurs any expense on the student's behalf that is not covered by insurance, we agree to make immediate repayment upon request.
- 5) We understand that the application fee and deposit is non-refundable. If the student is not a citizen of the United States, we understand and accept that it is our responsibility to obtain all visas and required documents in order to enter all the countries on our itinerary and participate in Aurora Day School. We shall hold Aurora harmless in the event the student fails to obtain the necessary documents for participation in the program.
- 6) This agreement will be effective when the application is accepted by Aurora and shall be governed by the laws of the State of Georgia.
- 7) This agreement cannot be modified except in writing by Aurora.
- 8) We agree that any dispute with Aurora that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, we understand that we are giving up the right to have any claim against Aurora decided in court before a judge or jury.
- 9) References in this agreement to "Aurora" shall include Aurora Educational Strategies, Inc. and all of its agents, employees, affiliated companies, campus directors, deans, chaperones, group leaders, teachers, therapists, academic coaches, host locations and school officials. All references to "parents" of the applicant shall include the legal guardian or other adult who is responsible for the applicant.
- 10) By signing this document, I acknowledge that I have read and accept the terms of the Agreement and Release above including the Multimedia Privacy Release and agree that those terms constitute my agreement with Aurora. I unconditionally release Aurora from any claims for damage, injury, loss or expense of any sort incurred directly or indirectly in conjunction with the participation of my child in the school unless the loss is caused by the gross negligence of Aurora.
- 11) It is the responsibility of each applicant to adhere to the payment schedule outlined in the Enrollment Agreement in order to maintain his/her enrollment status at Aurora.
- 12) I have read the Aurora application pages including the Enrollment Agreement. I understand that the deposit is non-refundable and that I am responsible for tuition as outlined on the Enrollment Agreement. I understand that it is my responsibility to meet all financial obligations of Aurora. I understand that I am responsible for the cost of repairing or replacing any property that my child damages. I understand that if my child fails to follow Aurora program rules and regulations, he/she may be evaluated by Aurora staff and therapists to determine if additional teaching staff are necessary at additional expense to the parents.

I/we certify the above information is complete and correct. I/we understand that any misrepresentation may result in the expulsion of the applicant from the program. I have read and agree to the Aurora policies and procedures, including those concerning liability, responsibility, refunds, health, billing, and program cancellation or termination. The agreement will be effective when the application is accepted by Aurora and is governed by the laws of the State of Georgia.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date