



<b>For Office Use Only:</b>	
Date Received:	_____
Confirmation Sent:	_____
Tuition Received:	_____

## Registration Form and Application

**Please return this application to Sensational Synergy for the Summer:**

914 Hartford Turnpike  
Waterford, CT 06385  
Phone: 860.701.0355

Email: [barmstrong@sensationscharitablefoundation.org](mailto:barmstrong@sensationscharitablefoundation.org)

The registration process includes submission of this completed application along with a \$100 non-refundable deposit per week desired. If there are questions, a representative from Sensations Charitable Foundation will contact you for clarification. If the week you would like to register for is full, a representative from Sensations Charitable Foundation will contact you to discuss another week, or return your deposit.

Mark the dates you are interested in having your children attend Sensational Synergy:

- |                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> July 11-14 | <input type="checkbox"/> July 18-21  | <input type="checkbox"/> July 25-28   |
| <input type="checkbox"/> August 1-4 | <input type="checkbox"/> August 8-11 | <input type="checkbox"/> August 15-18 |

### FAMILY PRICING, COST PER WEEK

# OF WEEKS	# of Children in Same Household		
	1 CHILD	2 CHILDREN	3 CHILDREN
1 week	<b>\$375</b>	<b>\$600</b>	<b>\$750</b>
2 weeks	<b>\$375</b>	<b>\$600</b>	<b>\$750</b>
3 weeks or more	<b>\$325</b>	<b>\$525</b>	<b>\$675</b>

- School District, \_\_\_\_\_, will be paying for \_\_\_\_ weeks
- OR**
- Pay by Check (Please make checks payable to Sensations Charitable Foundation)
- OR**
- Pay with Visa/Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

exp. date \_\_\_\_\_ #on back: \_\_\_\_\_

# Registrant Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

School Name: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Recent Teacher's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

Phone # (h) \_\_\_\_\_ Phone# (h) \_\_\_\_\_

Phone # (w/c) \_\_\_\_\_ Phone # (w/c) \_\_\_\_\_

Email Address (s): \_\_\_\_\_

Please list all siblings:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

What type of educational setting does your child attend?

- Regular Ed/Inclusion
- Special Education (part of day)
- Special Education (full day)
- Non-Public Special Ed School
- Private School
- Has a 1:1 aid at school

What other services is your child currently receiving?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any specific diagnoses? YES NO

If YES, please list each diagnosis, when the child was diagnosed.

DX \_\_\_\_\_ Age \_\_\_\_\_

DX \_\_\_\_\_ Age \_\_\_\_\_

DX \_\_\_\_\_ Age \_\_\_\_\_

Is your child on any medication? YES NO

If YES, Please list medications, dosage & time of administration.

Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____

Does your child have any allergies, medical restrictions or physical restrictions?

YES NO

If YES, please explain.

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Is your child on a restrictive diet (e.g. dairy free, gluten free)? YES NO

If YES, please explain:

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Are there foods that your child will not eat? Are there specific food items that trigger behaviors?

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1. What are your child's main areas of interest and favorite activities?

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2. What activities/tasks does your child NOT like to engage in or is restricted from participating in?

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3. Please list your child's strengths or special talents (e.g. music, art, building things)?

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**PARENT COMMUNICATION ASSESSMENT of \_\_\_\_\_:**

Name of Child

Can your child communicate his/her wants and needs?

Yes  No Speech

Describe: \_\_\_\_\_

Yes  No Gestures

Describe: \_\_\_\_\_

Does your child use any communication systems?  Yes  No

Describe: \_\_\_\_\_

Does your child ask for help?  Yes  No

Describe: \_\_\_\_\_

Does your child follow simple directions? Does he/she require prompts or gestures?  Yes  No

Examples: \_\_\_\_\_

Is your child prone to emotional upsets/tantrums?  Yes  No

How can we assist your child if they become upset?

Comments: \_\_\_\_\_

Does your child:	Never	Rarely	Sometimes	Frequently
Head Butt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch/Scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Explitives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child transition from one activity to another?  Yes  No

Comments: \_\_\_\_\_

Does your child pay attention to warnings of danger?  Yes  No Please explain.

Examples: \_\_\_\_\_

Does your child show appropriate fear of unsafe situations?  Yes  No Please explain.

Examples: \_\_\_\_\_

Does your child require assistance with toileting?  Yes  No

Describe: \_\_\_\_\_

Please check all of the following behaviors that apply to your child:

### **Socialization**

- Joins in play with other children
- Shares toys and takes turns unassisted
- % Responds to adult directions
- % Appropriately shows affection to family members and friends
- % Touches people in unusual or inappropriate ways
- % Does not like to be touched, including affection
- % Pushes, shoves, hits, bites, scratches or kicks friends in a group play situation
- % Little or no interaction with other children, plays alone
- % Attached to specific objects or toys and plays in a highly specific and often repetitious way with these objects
- % Participates in pretend play with friends
- % Does not look at people when spoken to or when speaking
- % Enjoys playing sports
- % Initiates play dates

### **Emotional**

- % Frequent Tantrums
- % Unpredictable Behavior
- % Easily Frustrated
- % Withdraws from family/friends
- % Has a fixed facial expression that appears to lack feeling
- % Easily angered
- % Regularly screams or screeches
- % Unusually fearful
- % Does not cry or express emotion, even when in pain
- % Does not appear to understand danger
- % Difficulty sleeping
- % Difficulty with eating
- % Impatient and unable to wait for things, even for a short period of time
- % Has anxiety

## Body Management

- %o Catches a thrown ball
- %o Maintains balance when running
- %o Jumps and lands on two feet
- %o Frequently trips and falls
- %o Poor coordination
- %o Has difficulty climbing, stairs and/or climbing equipment
- %o Easily places objects in specific areas, pegs; puzzle pieces
- %o Has difficulty with writing
- %o Low muscle tone
- %o Body seems “stiff,” as if bending at the waist or joints is very difficult
- %o Messy when eating most of the time
- %o Drooling
- %o Body appears to “fidget” for no reason
- %o Is able to maintain safe behavior while being transported in a bus

## Language and Communication

- %o Generally gets needs met with words
  - %o Large and expressive vocabulary
  - %o One or two word utterances
  - %o Speech is difficult for most people to understand
  - %o Talks only to family members
  - %o Doesn't appear to understand when adults are speaking
  - %o Has difficulty following directions
  - %o Responds appropriately to simple questions
  - %o Child's response to spoken language is typically not relevant -- “off topic”
  - %o Has difficulty with voice modulation, often speaking in an unusually loud tone
  - %o Unusual voice quality/cadence or whispering
  - If no language what tools does your child use to communicate?
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## Sensory Systems

- %o Struggles with bathing and water play at school
- %o Uncomfortable with seams in socks; tags in clothing; certain types of shoes; “rough or scratchy” fabric
- %o Will not brush teeth, visit the hair salon for a haircut or cooperate during a doctor visit
- %o Generally tactilely defensive, does not enjoy shaving cream, sandbox, finger painting, playdoh, sticky substances of any kind
- %o Regularly covers ears to shut out sound or show discomfort with level of stimulation
- %o Rocks back and forth while sitting or standing
- %o Is unable to tolerate loud noises
- %o Puts non-food items in mouth

List any other self stimulatory behaviors: \_\_\_\_\_

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## Self-Help Skills

- %o Cleans up after activities
- %o Toilet trained
- %o Can tie shoes
- %o Can wash hands independently
- %o Can eat independently

## The School Environment

- %o Cannot sit still during group instructional time
- %o Cannot focus on an activity, easily distracted
- %o The teacher mentions that your child frequently is inappropriate
- %o Cannot work independently
- %o Difficulty solving problems
- %o Difficulty retaining information
- %o Limited general knowledge
- %o Difficulty grasping concepts presented by adults
- %o Cannot consistently generalize information
- %o Can think abstractly
- %o Wanders from the group

If you have any other information that you feel would be helpful to us, or that you would like us to know, please feel free to add your comments to the area below:

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How did you hear about our Summer Program?

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**Waterford, CT 06385**

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