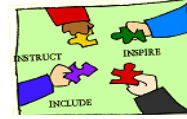


INCLUDING KIDS, INC.
(A NON PROFIT CORPORATION)
STUDENT APPLICATION

Rev. 02/10



Part-Time Programs

Circle Desired Program(s):

<i>Community Outreach-Part Time ABA</i>	<i>Community Outreach-Grant Assistance</i>	<i>Interaction Group- Play Skills</i>	<i>Social Skills- Younger</i>	<i>Social Skills- Older</i>	<i>After School Tutoring</i>	<i>Fast ForWord Reading Program</i>	<i>Reading Boot Camp (Summer Only)</i>
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Parent Name #1: _____ Student Name: _____

Parent Name #2: _____ Parent Email: _____

Address: _____

Home Phone #: _____

Cell Phone #1: _____

Work Phone #: _____

Cell Phone #2: _____

STUDENT INFORMATION:

Age: _____ Birth Date: _____ Gender: _____ Primary Language: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Current Educational Placement: _____

Length of Attendance: _____

Previous Educational Placement (please list names and dates of attendance

Current Private Services Student Receives:

Type

Frequency

Provider

Will you want this provider(s) to work in conjunction with /INCLUDING KIDS, INC.?

MEDICAL INFORMATION:

Please list any medical conditions that may affect your child’s educational services (i.e. seizures, allergies, etc.)

Please list any food restrictions, including specific diets.

Is your child toilet trained? (Are they on a toileting schedule, in diapers, pull-ups, or underwear?)

*Acceptance into the program will not be determined by the toileting level of your child.

Please include preferred days and times to receive services:

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Frames Desired →					

Once the application is received, applicants will be contacted to discuss program availability and future placement. **Please contact Including Kids if you do not hear from us within a week of sending in your application.**

Please return this completed application to: Including Kids, Inc.
c/o Admissions
5364 FM 1960 East
Humble, TX 77346

Or FAX: (281) 852-0502