TherHappy Skilled Day Program

To be completed by parent(s) or guardian(s):

Application for Admission

APPLICATION FOR ENROLLMENT/ RE-ENROLLMENT

For Academic Year: to	
our applicants, their learning goals and styl	School. Our admissions process is aimed at discovering the best qualities of es, and determining how they will add to the TherHappy community. The ch must be completed in their entirety in order for a candidate to receive
Admission Checklist All applicants must submit the following: (1.) Completed application form (2.) \$100.00 non-refundable enrollment/ re (3.) Essays (for new admissions) (4.) Official School Transcript (5.) Teacher Recommendation with parent (6.) School Record Form with parent's or general seconds.	's or guardian's signature
In addition, all applicants must: (1.) Make an appointment for an interview (2.) Receive OT and SLP services at Therl (3.) If possible, visit the school for a day.	Happy, and have attended a minimal of 2 sessions at our facility.
If you have any questions, or would like to 862.9101 or by email at andrea@therhappy	schedule an interview, please feel free to contact our office at: (727) v.org.
Thank you very much for your interest in o	our dynamic academic and skilled therapy day program.
Sincerely,	
Andrea Clark MS,CCC/SLP Speech Language Pathologist Founder/ President	Trisha Fritz, M.Ed. ESE Educator Principal
Brooklyn Hildreth, COTA/L Certified Occupational Therapy Assistant Director of Admissions	
Part I	

TherHappy 11820 Denton Avenue Hudson, Florida 34667 Phone: (727)862.9101 Fax: (888)345.5315 Email: therhappy.org

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Date: Applyi	ng For Term Beginning (pl	ease circle one) FALL/ SPR	RING/ SUMMER 20
Applicant's Full Name:			
Preferred Name:		O Female O Male	
Date of Birth:Address:	Social S	ecurity Number:	
Street	City	State	Zip
Home Telephone:	F	Email:	
Name of applicant's present school	ol School:		
Present School Address:			
Street	City	State	Zip
Name of Principal or Head of Sch	ool:		
School Telephone:		School Fax Number:	
Please tell us how you learned ab	out TherHappy's Skilled D	ay Program:	
Please tell us why you think that T	ΓherHappy's Skilled Day P	rogram will best suit your c	child's academic and
therapeutic needs:			
Part I (continued)			

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Father's Name (or	Guardian)	Mother's Name (or Guardian)		
Home Address (if	different from student's)	Home Address (if different from student's)		
Cell Phone		Cell Phone		
Email Address		Email Address		
Occupation		Occupation		
Employer		Employer		
Business Address		Business Address		
Business Phone		Business Phone		
Check any that app		Stepfather O Stepmother O Other (specify) other deceased O Parents divorced O Parents separated d:		
Name	Street	City State Zip		
Name and address	to which general mailings/ ann	nouncements should be mailed:		
Name	Street	City State Zip		
Part II				
Method of Tuition	Funding: O Scholarship O	Cash Payment O Other (Specify)		

Is your child currently awarded a	scholarship? O Yes	O No	
Are you interested in applying for	a scholarship? O Yes	O No	
Are you currently in the process of	of applying for a scholarsh	ip? O Yes O No	
If so, which scholarship are you a	pplying for?		
If Scholarship Funded, Which Sch	nolarship?		
		Date Awarded	
Scholarship Identification Numbe	r	Date Awarded	
Part III SPECIAL CIRCUMSTANCES Please explain any special circum TherHappy's Skilled DayProgram		ns that your child will rec	quire for enrollment in
Has your child ever been subject to O Yes O No If Yes, Please expl		pension, or dismissal fron	m previous schools?
Part IV			
EXTRACURRICULAR ACTIVI			
Activity	Positions/Level	Years of experience	Do you plan to continue while at TherHappy?

TherHappy Skilled			. 1
	Appli	cation for	r Admission
Dowt V			
<u>Part V</u> SHORT ANSW	/FR		
PARENT SHORT ANS Please tell us your wish	SWER: es for your child to achieve i	n regard to both education,	and in long- term life
goals?			

SHORT ANSWER (Cont'd)

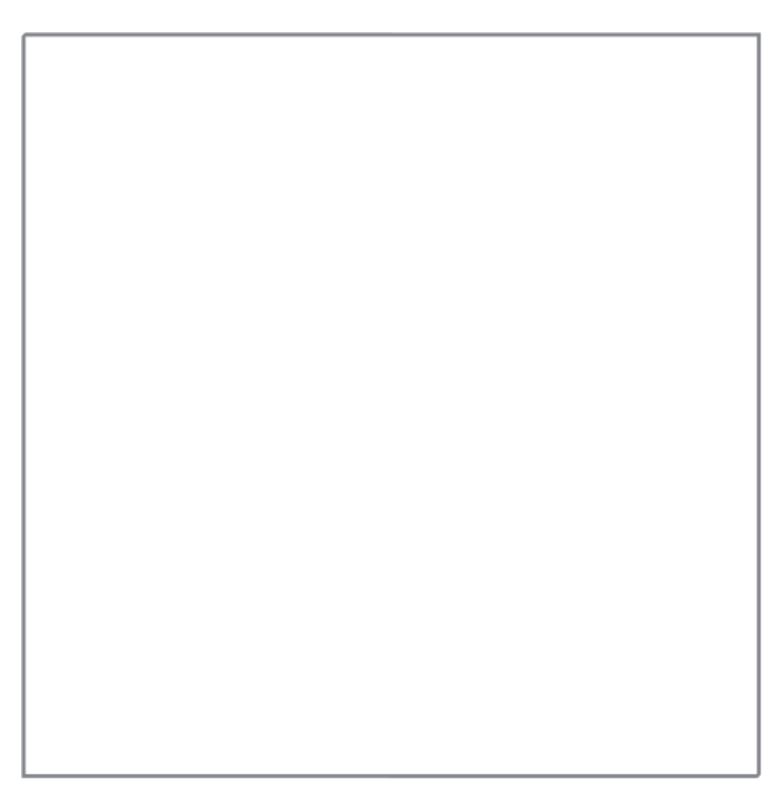
Please have your child complete the following item that is age and skill level appropriate to them:)

1. Describe something that you did this year that makes you particularly proud. How did this contribute to your growth as a person and member of your community?

TherHappy	Skilled 1	Day I	Program
	~	, _	

Application for Admission

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2. Draw a picture of what makes you the most HAPPY:):):)