



Pre-Admission Application

Chrysalis Program ABA Based Early Intervention

Please complete this form and email to info@beckhombehaviorconsulting.com or mail or deliver to our office when done. Children diagnosed with Autism and other developmental disabilities ages 3-5 are eligible for this program. A select number of children who may serve as models will also be considered. We will accept a maximum of 15 children during this pilot program year. Enrollment is open until all spots are filled. Complete applications are processed in the order received. **Incomplete applications will not be processed. A copy of your child's IFSP or IEP is required.** If your child is accepted in the program, we will schedule an intake meeting with you and the Program Director.

Today's Date: _____

Does your child have Autism or a developmental disability? Yes No IFSP IEP Behavioral Plan

Child's DOB: _____ Age: _____ Male Female

Child's Full Name: _____ Diagnosis(es): _____

Child's Address: _____

Person filling out this application: _____ Relationship to the child: _____

Phone: _____ Cell: _____ Who is the legal guardian? _____

How did you hear about us? Website Agency Another parent

PARENT INFORMATION

Mother's Name _____ Email: _____

Address: _____

Home Phone: _____ Work: _____ Ext.: _____ Cell: _____

Place of Employment/Occupation: _____ Skill: _____

Father's Name: _____ Email: _____

Address: _____

Home phone: _____ Work: _____ Ext.: _____ Cell: _____

Place of Employment/Occupation: _____ Skill: _____

Child's Primary Residence: Both Mother's home Father's home With Guardian

Parents' Marital Status: Married Single Divorced

Please check ALL options you are interested in:

When do you want to start? Date: _____

- M-F Chrysalis Program Half Day 8:30am to 12:30pm (ages 3-5)
- M-F 2:30- 6:00pm After School Program 2:30pm to 6:00pm (ages 5 – 10)
- M-F ABA Therapy Sessions (ages 2- 15 in clinic, various ages in other settings)
- M-Th Summer Camp –During the month of June (ages 3 – 15) (ages 16-18 Special Camp)
- Respite Care - Some Saturdays – 10:00am to 2:00pm by appointment only

Please describe your main concerns for your child and what you want them to get out of our program:

Social/Cultural Considerations: Are there any aspects of your culture or religion that we should know about that may affect how services are delivered at the center (Example: special diets, holidays, religious beliefs, etc.)?

Child’s Medical Information (Required)

Please list and describe any special needs, diagnoses or behaviors, medical conditions your child has:

List Allergies:

Does your child have seizures? Yes No If yes, what kind: _____ How often: _____

List medications your child must take and for what: _____

Do medications need to be administered while your child is at the center? Yes No

How often are they given? _____

Child’s Developmental Information (Required)

Is your child potty trained? Yes No

Can your child communicate their need to use the toilet? Yes No

Is your child using words or talking in sentences to communicate? Yes No

Do you use sign language? Yes No

Does your child need help eating? Yes No

Does your child have a special diet? If so, explain: _____

Is your child currently receiving therapies? Circle all that apply.

Speech Occupational Physical Sight Hearing Behavioral

Do you get therapies through your (IEP) Individual Education Plan? Yes No

If yes, must email or submit most current IEP to info@beckhombehaviorconsulting.com

Do you get therapies through your (IFSP) Individualized Family Support Plan through Babies Can't Wait? Yes No

If yes, must email IFSP to info@beckhombehaviorconsulting.com

Where are these services provided now? In the home At a school Pre-school

What school(s) or pre-school(s) is or has your child attended (please list):

What is the name of your child's Early Interventionist (Babies Can't Wait?)

Behavioral Information/Concerns (Required)

Does your child have any special fears or behaviors that can harm them or others? List:

Does your child look at you when you speak to them? Yes No

Does your child follow your directions? Yes No

Is your child aggressive? Yes No Does he/she: Bite Hit Run away Argue Tantrum/Meltdown

Are you using behavior analysis? Yes No If yes, who oversees your program: _____

How do you discipline for challenging behavior? _____

Please note, if placed in any of the Beckhom Behavioral Consulting, LLC programs, you will be required to sign a contract agreeing to abide by all the policies in the Beckhom Behavioral

Consulting, LLC parent handbook including (but not limited to) the following. Please check that you have read and agree to:

Call the office for current tuition and registration rates.

Annual Registration: Registration fees are nonrefundable and are due at the time of registration and by September 1st of each year thereafter.

Payments/Child Participation: Full tuition is due at the start of each week (Monday), or the first day that your child attends. No reduction or refunds for days your child is sick, absent, or for closed holidays.

Returned item charge: \$30.00 will be charged for declined payments.

Late Payment Fee: \$25.00 will be charged for tuition payments made after 10:00 am on Tuesday.

Termination: Beckham Behavioral Consulting, LLC has the right to terminate your contract at any time.

Late Pick-up Fee: \$1.00 per minute will be charged if your child is here after your scheduled pick-up time.

Contract Cancellations: We require a 2-week paid notice before you withdraw your child. Notice must be in writing.

By signing, you agree and will comply with all information provided:

Print: _____ Sign: _____

Date: _____

OFFICE USE ONLY

Date All required Documents Received _____ Program Director's Approval _____

Intake Meeting Scheduled: _____ Desired Start Date: _____

Tuition: _____ Registration/Assessment: _____

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