



APPLICATION FOR ADMISSION FOR RCC and RAC

School Year (circle one): 2018-2019 2019-2020

Name of Child: _____ Boy Girl (Circle one)

Date of Birth: _____ Name used if different from above: _____ Month/Day/Year

Does your child have an ASD diagnosis: (Circle one) Yes No

Diagnosing Doctor: _____ Date of Diagnosis: _____

Parent/ Guardian I

Parent/ Guardian II

Name

Name

Address

Address (if different)

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Cell Phone

Cell Phone

E-mail Address

E-mail Address

Please circle preferred schedule.

Monday

Tuesday

Wednesday

Thursday

Friday

Full Days: 8:30 -4:00 Half Days 8:30 - 12:30

Application is both for inclusion opportunities in RCC and pullout ABA services at the RAC. Individual schedules and tuition will be determined following assessment with the director of RAC.

Signature of Parent/ Guardian

Date

For Office Use Only Date Application/ Fee Received _____ Check #/ Amount _____



REGIS

CHILDREN'S CENTER



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AUTISM CENTER