



235 Wellesley Street Box
 Weston, MA 02493
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APPLICATION FOR ADMISSION FOR RCC and RAC

School Year (circle one): 2023- 2024 2024-2025 2025- 2026

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? Yes or No Diagnosing Doctor: Date of Diagnosis:
 Insurance Network: Insurance Number:

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 - 3:00 Half Days 8:30 - 12:30 Other: _____

- 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 _____