



235 Wellesley Street Box xxx
 Weston, MA 02493
 Phone: 781-768-7268
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APPLICATION FOR ADMISSION FOR RCC and RAC

School Year (circle one) 2021- 2022 2022-2023 2023- 2024

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:

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

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| <p><i>For Office Use Only</i> Date Application/ Fee Received _____ Check #/ Amount _____</p> |
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