

**GAINESVILLE CONDUCTIVE EDUCATION ACADEMY
APPLICATION FORM
2006-2007 ACADEMIC YEAR**

I. Contact Information

Student Name _____ Date of Birth _____ Gender _____

Parent or Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Night Phone _____ Cell _____

Email _____

Please indicate the semesters you are interested in enrolling your child

_____ Summer (Jun 19 – Aug 18) _____ Fall (Aug 28 – Dec 15) _____ Spring (Jan 8 – May 25)

II. Fee

Our main interest is helping as many families benefit from Conductive Education as we can. We have tried to put together a very high quality Conductive Education program at the lowest possible cost.

McKay Scholarships will be available for children who have already attended one year of Kindergarten or higher in public schools in the State of Florida.

We are trying to actively raise charitable funds to help children with need attend our program. The fee for attending GCEA will be on a sliding scale based on your income level. Contact us for more information.

Does your child qualify for a McKay Scholarship? Yes _____ No _____

Do you require reduced tuition in order for your child to attend our program? Yes _____ No _____

III. Acceptance into Conductive Education Program

We currently have two Conductors hired for the program. Each Conductor will work with a group of seven children. Thus, we have room for 14 children. We will accept children into the program who can potentially benefit from Conductive Education. We are now accepting applications, and we may be contacting you in the near future to have your child evaluated. Many have expressed interest, and we hope to serve as many as possible. Once accepted into the program, we will require a \$100 deposit to hold the placement for your child. The deposit will count toward the tuition payment.

- Please note: our second conductor will not be able to start until the end of August due to visa application regulations. We will attempt to get a temporary conductor for the summer. However, this has not yet been worked out.

- If we need to hire a third conductor to meet the demand, we will look into that since we have sufficient space.

IV. Research

We will be conducting a pilot research program with the University of Florida on the effectiveness of conductive education. At this time the research program will study children who are spastic bipalegic. If you object to your child being part of an efficacy study, please let us know.

V. Compliance with Florida Statutes

In order to comply with Florida Statutes, no student will be allowed to participate in the program unless the following forms have been completed and presented to the school for your child's medical records

1. Florida Certificate of Immunization
Form DH680 (Physician's Office)
2. Student Health Examination Documentation
Form DH3040 (website)
3. Immunization for 7th Grade or above
Form DH684 (Physician's Office)

If your child has already attended public school, then these forms will have already been completed. We will need to have copies of those for your child's records.

VI. Mailing Instructions

Please mail this completed application to:

Gainesville Conductive Education Academy
2332 NW 40th Place
Gainesville, Florida 32605

OR email an electronic copy to: jordanklausnerfoundation@yahoo.com

VII. Medical Care, History and Abilities

1. What is the medical diagnosis of your child?

2. If your child has cerebral palsy, can you be more specific, i.e. diplegia, tetraplegia, quadrilateral, hemiplegia, ataxia, athetoid, spastic?

3. Has your child had any significant illnesses: At what age?

Please describe:

4. What medical problems does your child currently have? Please Describe:

Current condition under doctor's care: Yes _____ No _____

5. Does your child have any allergies? Please describe

6. Has your child had problems with seizures?

7. Does your child currently experience seizures? What frequency?

8. Does your child have hearing difficulties? Please describe

9. Does your child have vision difficulties? Please describe

10. Please describe the functional ability of your child. This includes physical abilities (ability to roll, sit, stand, walk, grasp, head control), verbal communication, other forms of communication. Please be as specific as possible.

11. Is your child toilet trained?

12. Does your child have any behavioral problems?

13. What are your child's favorite activities?

14. Has your child participated in Conductive Education in the past? _____ If yes, where and for how long? Did your child have a positive experience? Please explain.

15. What therapies does your child currently participate in? What is the frequency and duration?

16. If your child attends school, please list the school name and county, and the name of his/her primary teacher.

17. Does your child take medication? Yes _____ No _____

Name of medication, for what? How often?



PLEASE DESIGNATE SOMEONE WHO WILL ADMINISTER MEDICATION

Only those named here will be allowed to administer medication to your child:

18. Persons to call during emergency: (detailed contact information)

19. Physician's name and phone number to call in an emergency:

20. Hospital to transport to in an emergency:

21. What kind of physical signs should alert us that your child is sick or in serious trouble? Which steps should we take before we call 911? Please describe:

I agree with plan listed in #21 above:

PARENT/GUARDIAN (print):

PARENT/GUARDIAN (sign):

DATE:

22. Additional comments about your child that will help us to serve him/her better: