

**Nicholas School**  
**1306 Garbry Road**  
**Piqua, OH 45356**  
**1-937-773-6979**  
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[www.rcnd.org](http://www.rcnd.org)

**Summer Fun for Brain and Body**  
**2025**  
**June 9-July 24 (M-Th)**

**All of the information on this application is required. Incomplete applications will not be processed.**

Summer sessions will be offered from 8:30-11:30 AM and/or 12:30-3:30 PM.

**Circle the time preference your child will be participating.**

8:30-11:30 AM

12:30-3:30 PM

Both Sessions

**The cost of the program is \$700.00 per session.**

**A \$50 deposit is due with the application. The child will not be registered until both the application has been returned and the deposit has been made.**

**All participants must be toilet-trained.**

How did you hear about the Nicholas School Summer Program?

\_\_\_\_\_

**Student's name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall of 2025 \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

Address if different from above \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Address if different from above \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

**Basic Information**

My child's primary difficulty/diagnosis is (example: ADD, speech delay, etc)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My child wears glasses.     Yes     No

My Child's hand preference:     Left     Right

My child struggles in the following areas (check all that apply):

Gross Motor skills                       Doesn't know left from right

Fine Motor Skills                       Short attention span

Social skills                               Staying on task

Coordination                             Easily frustrated

Other \_\_\_\_\_

## Socialization

My child struggles (or is uncomfortable) in the following situations (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Taking turns          | <input type="checkbox"/> Large group activities  |
| <input type="checkbox"/> Personal space        | <input type="checkbox"/> Unstructured activities |
| <input type="checkbox"/> Transitions           | <input type="checkbox"/> Changes in routine      |
| <input type="checkbox"/> Keeping hands to self | <input type="checkbox"/> Sharing                 |
| <input type="checkbox"/> Small group situation |  |

## Communication

Please describe how your child communicates. For example, is your child non-verbal? Does he or she struggle with finding the words to express his or her needs? Please be as specific as possible.

My child sometimes has trouble finding the words he or she wants to use.

My child is unable to communicate verbally.

My child uses sign language

Other \_\_\_\_\_

Please list anything else staff should be aware of regarding your child's communication needs. Please be specific. (For example, does your child use visual cues to get needed attention, use PECS, etc?)

**Behavior:**

Please describe any specific behaviors your child exhibits that Nicholas School needs to be aware of. This will help us be more aware of your child's needs. For example, is your child physically aggressive in certain situations? Please be thorough in your descriptions, and use additional paper if necessary. It is essential that Nicholas School be made aware of any behavior that is potentially dangerous to the student or to others.

**Allergies/Fears**

My child is allergic to the following (include animals, foods, medications, etc.):

**Medical Information**

My child takes the following medications:

My child has the following medical interventions: (g-tube, trach tube, etc):

\*Please note: Depending on the level of medical support a child requires, he or she may be recommended for other programs within our building for the summer.

**List any additional Concerns/comments:**

I certify that all information provided in this questionnaire is accurate, truthful, and complete.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date