

Nicholas School
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Piqua, OH 45356
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www.rcnd.org

Summer Fun for Brain and Body
2026
June 8-July 23 (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 2026 _____

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