



**Autism Resource Center
 APPLICATION FOR COOL KIDS ENROLLMENT
 Download/Scan and Email to nicolesimon@varietyphila.org
 OR Mail to Autism Resource Center, Variety – The Children’s
 Charity 1520 Locust Street 2nd Floor, Philadelphia, PA 19102**

Date of Application: _____

Has your child attended a Variety’s Program before? Yes No

If yes, what program and what years?

Child Information

Child’s Name: _____ DOB: _____ AGE: _____
 _____ (Last) _____ (First)

Address: _____

 _____ Street _____ City _____ State _____ Zip

Home Phone: _____ Child’s Gender: M / F (please circle)

Child Lives with: Mother/ Father / Grandparent / Foster Parent/ Other

Parent/Caregiver Name (s) _____

Alternate Phone contact numbers (cell) _____
 (Parent) _____

(Parent) _____ (work) _____

(Parent) _____ (cell) _____

(Parent) _____ (work) _____

E-Mail Address : _____

Does your child engage in conversations on topics that interest others?

When the topic is changed from your child’s preferred topic, do they become upset, do they answer and then immediately return to their preferred topic, or do they go with the flow?

Does your child recognize emotions in himself/herself? (i.e. “I’m sad”)	Yes	No	Sometimes
Does your child recognize emotions in others? (i.e. “She’s happy”)	Yes	No	Sometimes
How does your child react to his/her emotions?			

How does your child react to the emotions of others?

Behavior:

Are there behavioral issues about which we should be aware?

Parent/Caregiver Signature:

Parent's Signature is Also Required For Each Item Below to Indicate Parental Consent

Obtaining Emergency Medical Care _____

Releasing medical information in an emergency _____

Walks on Property _____

Transportation By The Facility (you will be made aware of field trips in advance and asked to sign a separate permission form): _____

Administration of Minor First Aid Procedures _____

Teen Club Expectations

Variety Club and SPIN strives to provide a comprehensive program experience in a safe and secure setting. In order to serve all children fairly and equally, there are certain behavioral expectations from each child/adolescent in our program setting. We expect everyone to follow the rules:

- ❖ Keeping hands and feet to his or her self at all times.
- ❖ Maintain personal space and be respectful of everyone's space
- ❖ Staying with the group at all times for safety and supervision
- ❖ Keeping self safe and free from self harm
- ❖ Needing continuous one on one supervision
(Students needing a 1:1 should make arrangements prior to program with the Child MH System)
- ❖ Use respectful language when speaking to others
- ❖ Participate in planned activities with the group without additional support, (e.g. ,1:1 staffing)

Teen Club Proactive Strategies:

1. All the above expectations will be positively reinforced by staff continuously through the use of verbal praise. For example, "Great job being respectful and keeping your hands to yourself" or "Thanks for participating in..." Participation in all activities will be reinforced by group staff for completion.
2. Communication to parents/guardian will occur as needed.
3. If behavior continues during subsequent program days, the parent/guardian may be contacted by the Director for discussion and behavior management planning.
- 4.
5. If behavior remains and is serious enough to cause potential harm to the child or others, the child will permanently be removed from the program.

Student's Name: _____

Date: _____

Parent/Guardian Signature: _____

De-Escalation Tool Form

Student name: _____

Please fill out the following sections of this form. By filling each section out, it will help our staff better understand your child. Thank you.

Triggers: *What makes your child upset, angry, anxious, and/or overwhelmed?*

- | | |
|---|---|
| <input type="checkbox"/> Being Touched | <input type="checkbox"/> Being forced to do something |
| <input type="checkbox"/> Encroachment of personal Space | <input type="checkbox"/> Bright Lights |
| <input type="checkbox"/> Yelling | |
| <input type="checkbox"/> Loud Noises | |
| <input type="checkbox"/> Other: _____ | |

Warning Signs: *What are some warning signs your child exhibits when frustrated or in distress?*

- | | |
|--|---|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Throwing Objects |
| <input type="checkbox"/> Not taking care of self | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Running |
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Hurting others |
| <input type="checkbox"/> Pacing | <input type="checkbox"/> Not Eating |
| <input type="checkbox"/> Being Rude | <input type="checkbox"/> Not Talking |
| <input type="checkbox"/> Clenching Teeth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Breathing Hard | |
| <input type="checkbox"/> Clenching Fists | |

Calming Strategies: *What is helpful for your child to calm down?*

- | | |
|--|--|
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Pacing the halls |
| <input type="checkbox"/> Reading a book | <input type="checkbox"/> Having a drink of water |
| <input type="checkbox"/> Wrapping in a blanket | <input type="checkbox"/> Dark room (dimmed lights) |
| <input type="checkbox"/> Writing a journal | <input type="checkbox"/> Hugging a stuffed animal |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Doing artwork |
| <input type="checkbox"/> Talking to staff | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Talking with peers | |
| <input type="checkbox"/> Calling a family member | |
| <input type="checkbox"/> Time alone | |
| <input type="checkbox"/> Going for a walk with staff | |

Comments: _____
