Sunflower Bakery Application
After School Teen Baking Exposure Program 2018-19

Please provide all information requested, indicating NA where not applicable.
Two sessions of classes will be offered during the school year on Tuesdays from 4-6:30p.m. for 5 weeks. One class will begin in March, 2019. Summer session dates have not yet been set.
Check here if you wish to be considered for _____March _____Summer

STUDENT INFORMATION
Participant's Name: _____ Nick Name: _____
Sex: ___Male ___ Female Date of Birth: _____ Age: _____
Address_____City_____State_____Zip_____
Present Living Arrangements: (Check one)
____With family
First parent name:_____Email_____
Phone: Home _____Day:_____ Cell: _____
Second parent name: _____Email_____
Phone: Home: _____Day:_____ Cell: _____
OR
____With legal guardian
First guardian name: _____Relationship_____ E-mail: _____
Home phone: _____ Day: _____Cell: _____
Second guardian name: _____Relationship_____ E-mail: _____
Home phone: _____ Day: _____Cell:_____
Teen's disability/ies (Please describe.):
_____
Mobility: ____Ambulatory Personal Care: ____ Independent
Communication: Verbally ____Yes ____No If no, what means/methods are used to communicate? What assistive devices used to communicate will be brought to class?
_____
Provide any additional information pertinent to applicant's expressive or receptive language.
_____
_____
_____

SCHOOL ATTENDING:
Please list school, specifying middle or high school attending and dates as requested.

School Name	Phone/email	Dates attending	Expected grad. Date	Certificate or diploma track?

Please attach current IEP, including goals, progress towards goals, and accommodations.
Previous camp or summer experiences in past 3 years (include ESY):

Name	Type of program	Address	Dates

Is applicant able to read? ___ yes ___ no. If yes, at what grade level? _____
Has applicant had any experience cooking or baking at home? ___yes ___no
Can applicant stand for 2-1/2 hours while preparing and baking? ___Yes ___No

Please indicate skill level for the list below. Please rate as follows for each skill:
T= Tried, NT= Never Tried, C = Capable, E = Excellent

Identifies ingredients___ Identifies utensils ___ Washes dishes ___
Measures with measuring cups ___ Measures with measuring spoons ___
Understands need to wash hands ___ Uses whisk ___ Uses spatula ___
Turns oven off/on ___ Uses microwave ___
Uses electric hand mixer ___ Uses food processor ___
Uses electric stand mixer ___ Ties apron independently ___
Removes pans from oven ___
Consistently identifies and differentiates sizes of measuring cups ___ and spoons ___

Please check appropriate spaces that best describe applicant's disability/disabilities.

____Learning Ddsability
____Mild intellectual disability
____ Moderate intellectual disability
____ Epilepsy/seizure disorder
____ Cerebral palsy
____ Limited mobility
____ Autism spectrum disorder
____Depression
____ Behavioral concerns
____ Attention deficit hyperactivity disorder
____ Anxiety disorder
____Hearing loss
____ Limited vision
____ Speech/language impairment
____ Psychiatric diagnosis/mental illness
____ Other

Is applicant currently taking any medications for any of the above? ___yes ___no If yes, which medications?
_____

*Psychiatric/Psychological/Emotional Disability
Primary Diagnosis _____
Additional Diagnoses_____
Please attach a copy of the most recent psychological evaluation results.
Please comment on any of above with regard to educational settings. Please indicate any restrictions from participation in Bakery activities. Use back of page if necessary.

_____
_____
_____

BEHAVIORAL CONCERNS:

Does applicant (check if yes)

Threaten to do physical violence ____
Damage personal property ____
Damage the property of others ____
Damage public property ____
Use angry language ____
Have violent temper or temper tantrums ____
Ignore or resist following instruction or routines ____
Lie or steal ____
Abuse self ____ Abuse substances _____
Have a record of any arrests ____
Have socially unacceptable sexual habits ____
Exhibit offensive behavior with peers ____

Please comment on any of above with regard to educational settings:

_____
_____
_____
_____
_____

EMERGENCY CONTACTS
Emergency contact #1 Name: _____ Relationship: _____
Day phone: _____Cell phone: _____ e-mail_____
Emergency contact #2 Name: _____ Relationship: _____
Day phone: _____Cell phone: _____ e-mail _____
Emergency contact #3 Name: _____ Relationship: _____
Day phone: _____Cell phone: _____ e-mail _____
At the end of class, I authorize the following people to pick up my child from Sunflower Bakery with ID:
(You should inform anyone whose name is listed. List yourself and include 2 others' names and cell phones.)

_____

_____

HEALTH AND MEDICAL INFORMATION
Name of Primary Physician: _____ Telephone number: _____
FAX: _____
Name of Psychiatrist/Therapist/Counselor (if applicable): _____
Telephone number: _____
Name of Dentist: _____ Telephone number: _____
Medical insurance covered by (company name):_____Group:_____
Governmental Program: _____ Policy number: _____
Allergies: _____
Date of last Tetanus shot:_____
History of gluten intolerance or Celiac disease? ___yes ___no
Medical concerns: _____ _____

Medical Release
The applicant has permission to participate in all Sunflower Bakery activities except as noted by me. I give permission to the physician selected by Sunflower Bakery to order x-rays, routine tests, and treatment related to the health of the participant for emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this applicant. I understand the information on this form will be shared on a "need to know" basis with Bakery staff. I give permission to photocopy this form. In addition, the Sunflower Bakery has permission to obtain a copy of the applicant's health record from providers who treat him/her and these providers may talk with the Bakery's staff about the applicant's health status.

_____ Date: January 2019 through August 31, 2019
Signature of parent/guardian

Photo or Video Image Release
I give my permission and consent to allow my son's/daughter's photographs or video image to be taken during Sunflower Bakery activities. I further give permission and consent that any such photographs or video image may be published and used by Sunflower Bakery and its agents, to illustrate and promote the Bakery.

_____ Date: January 2019 through August 31, 2019
Signature of custodial parent/guardian

Release of Liability

The participant assumes all risks associated with participation in the class(es). Sunflower Bakery assumes no liability for injury or damages arising from participation in the class(es).

_____ Date: January 2019 through August 31, 2019

Signature of parent/guardian

Other Releases

I hereby give permission to the professionals listed below to release information that would relate to my child's participation in classes with the Sunflower Bakery. This would include diagnoses, treatment summaries, test results, behavior management programs, verbal exchanges between treating persons or facilities, and any other information or recommendations considered pertinent to this relationship.

_____ Date: January 2019 through August 31, 2019

Signature of parent/guardian

Please list any therapists with whom the applicant may be currently involved.

Name Title Agency Address Phone E-mail

_____

_____

_____

Agreement

I understand that the tuition for the Summer Program is $541. I agree that if I am participating with DORS in Pre-ETS, I will follow up to ask DORS for Authorization for funding for the Sunflower After School Teen Exposure Program. If DORS' Pre-ETS is not an option, I agree to pay $541 by the first day of class.

Signed _____ Date _____

Parent or Guardian

HOW DID YOU FIND OUT ABOUT SUNFLOWER BAKERY? _____

HAVE YOU MET WITH ANYONE FROM THE DIVISION OF REHABILITATION SERVICES? ____ YES ____ NO

DO YOU HAVE A DORS COUNSELOR? ____ YES ____ NO IF SO, WHO AND AT WHICH OFFICE?

_____

PLEASE RETURN THIS FORM TO:

SUNFLOWER BAKERY, 8507 Ziggy Lane, Gaithersburg, MD 20877

ATTENTION:

SARA PORTMAN MILNER, LCSW-C

OR E-MAIL TO sara@sunflowerbakery.org

Phone: 240-361-3698