



# Hawthorne Foundation Inc.

A Behavioral Approach to Lifelong Care<sup>®</sup>

5 Bradhurst Avenue Hawthorne, New York 10532

914-592-8526 · Fax: 914-592-5321

www.hawthornefoundation.org

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### Educational Programs

#### Hawthorne Country

#### Day School Westchester

5 Bradhurst Avenue

Hawthorne, NY 10532

- Early Intervention
- Preschool
- School Age

Family Support Services

Parent Education

Mobile Crisis Service

### Manhattan Campus

233 Broadway, 4th Floor

New York, NY 10279

### Adult Services

#### Hawthorne Day Habilitation

525 Executive Boulevard

Elmsford, NY 10523

#### Dalewood IRA

25 Dalewood Drive

Hartsdale, NY 10530

#### Lafayette IRA

287 Lafayette Avenue

Cortlandt Manor, NY 10567

#### Ossining IRA

53 Somerstown Road

Ossining, NY 10562

#### Baron De Hirsch IRA

68 Baron De Hirsch Road

Crompond, NY 10517

#### Audubon IRA

2 Audubon Drive

Ossining, NY 10562

### FI/Self Direction Services

200 Clearbrook Road, suite 114

Elmsford, NY 10523

## ADMISSION APPLICATION

Date of Application: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender of student: \_\_\_\_\_ Race/Ethnicity (optional) \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ GPS Device: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Special Alert/Identifying Marks: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Admissions Application – Page 2

Parent/Guardian 1: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Home Phone: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent/Guardian #1's E-Mail Address: \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent/Guardian #2's E-Mail Address: \_\_\_\_\_

If child is living in a residence, group home, or other facility:

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### ***Personal Information***

Family Members (and others living in household)

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there siblings who are developmentally disabled? Yes \_\_\_\_\_ No \_\_\_\_\_



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If yes, Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of School District: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Services/Education: (most recent first)

Person/Agency	Address	Type of Service/Dates
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____



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I understand that the Hawthorne Country Day School has the right to contact other person(s) or agencies for pertinent information which will enable them to make an appropriate assessment of my child’s needs. All information is held confidential and will not be released from the Hawthorne Country Day School without my written permission.

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

\_\_\_\_\_  
Date

I also give HCDS permission to have my name, child’s name, e-mail, phone number, and address included on a master list. This information will be shared with HCDS families and HCDS personnel ONLY. This will make it easier for parents to establish and retain contact with one another. Please sign below if you are giving permission.

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

\_\_\_\_\_  
Date