

# 2017 LEAP Summer Program Registration Form

*Adoption Option Inc. · PO Box 2225 Midland, MI 48640 · 989.839.0534*

**Tuesday, August 1 – Friday, August 4, 2017 on the Campus of Northwood University**

Please print and fill out one form for **EACH** attending student. Mail this form and other attachments to Adoption Option Inc. by **June 1, 2017**

Participant's Last Name and First Name      Date of Birth      Age      Current Emotional Age      Grade Entering

Address      City      State      Zip      Home Phone

What type of care is this participant currently in?    Adopted       Foster Care

If the Child is in Foster Care, indicate the type of placement.    Relative Placement    Unrelated Placement

Has this child EVER been in foster care previously?    Yes       No

If Yes, how long?    Less than a year       1-2 years       2-5 years       Other \_\_\_\_\_

Who told you about this program? (Name & Organization)? \_\_\_\_\_

**If this child is not adopted, please list the name and agency of their worker below.**

Worker Name      Agency (Saginaw County DHS, Midland County DHS, etc.)

Foster/Adoptive/Relative - #1 Name      Cell Phone      Email Address

Foster/Adoptive/Relative - #2 Name      Cell Phone      Email Address

Foster/Adoptive/Relative - #1 Work Phone      Foster/Adoptive/Relative - #2 Work Phone

Address      City      State      Zip      Home Phone

T-Shirt Size (check one):    Child M       Child L       Adult S       Adult M       Adult L       Adult XL

**The LEAP Summer Program does not want transportation to be a barrier to your decision to enroll your child in this program. Please indicate below if you predict the costs of transportation will be so great upon your family that you require financial assistance with transportation. Please check one of the following:**

Yes, I believe I will need transportation assistance.    No, I don't believe I will need transportation assistance.

**Student's Emotional/Behavioral History** – Choose Often, Sometimes OR Never for EACH & EVERY behavior.

Behavior	Often	Sometimes	Never	Behavior	Often	Sometimes	Never
Aggressiveness/Fighting				Nightmares			
Bed Wetting				Runs Away			
Biting				Sexual Acting Out			
Eating Disorders				Steals			
Hyperactive				Tantrums			

**Please mail this form to: Adoption Option Inc., P.O. Box 2225, Midland, MI 48641-2225 page by June 1, 2017**

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Moved in Foster Placement				Withdrawn			
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## Attention!!!!

During the summer program, LEAP Summer Program will be providing the classroom instruction designed to make our participant's better readers, writers and thinkers. They have requested that copies of **SPRING SEMESTER REPORT CARDS** and **TRANSCRIPTS** be made available to them prior to the start of the program. Copies of these documents ARE NOT DUE BY THE REGISTRATION DATE, but are to be provided in the summer. Please acknowledge that you are aware that you are required to arrange for copies of these documents to be sent to Adoption Option Inc.'s mailing address found at the top of this page.

I (print name) \_\_\_\_\_ have read the previous paragraph, and I understand that I am required to provide copies of transcripts and spring semester report cards of the "**Participant**" listed above to Adoption Option Inc. **(AOI) by June 24, 2017**. I understand that AOI is collecting these documents on behalf of LEAP Summer Program, so that Leap Summer Program can assess the academic strengths and weaknesses of the participant and better serve him in the classroom during the LEAP Summer Program. I also permit AOI to keep these copies for all of their internal program data collection and evaluation initiatives. I understand that by not turning in the participant's transcript and spring semester report card by **June 24th, 2017** the participant may lose his spot in the program.

Signature: \_\_\_\_\_

**Cancellation Policy:** In the event that a parent/guardian wishes to cancel a student's registration for the program, notice must be submitted and verified by **July 14, 2017**. You may inform the LEAP Summer Program of your intent to cancel registration via telephone or E-mail.

You may reach the LEAP Program by E-mailing us at [Dfergin@aocw.org](mailto:Dfergin@aocw.org) or by calling (989) 839-0534 and asking for **Danielle Fergin**. We are ready to help you with any issues and answer any questions you may have. We look forward to receiving your participant's registration materials!

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