

**The T.O.P.**  
**ADMISSION APPLICATION**  
*(Please Complete Forms in Detail)*

Please type or print clearly.

Date: \_\_\_\_\_

Person filling out this form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Applicant Information**

Name of Child: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_\_

Gender: \_\_\_\_ Ethnicity: \_\_\_\_\_ Natural Child? \_\_\_\_ Adopted? \_\_\_\_ When? \_\_\_\_\_

Religious Affiliation (*Denomination*): \_\_\_\_\_

Is your child presently living at home? \_\_\_\_ If no, please explain \_\_\_\_\_

---

---

---

Has your child previously been placed outside the home? \_\_\_\_\_

If yes, please list other programs, schools, family members, and hospital or other institutions:

Facility/Address Date Reason for intervention

---

---

---

---

---

---

---

---

---

---

**Parent Information** *(If deceased, please note date and cause)*

**Father's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Grade Completed:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Religious Affiliation (Denomination):** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Grade Completed:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**If divorced, who has custody of this child?** \_\_\_\_\_

**Religious Affiliation (Denomination):** \_\_\_\_\_

**Stepfather's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Grade Completed:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Religious Affiliation (Denomination):** \_\_\_\_\_

**Stepmother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Grade Completed:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Religious Affiliation (Denomination):** \_\_\_\_\_

Please give the following information for each member of your family who lives in your home and/or immediate family members:

NAME	AGE	RELATION	CURRENTLY LIVING WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Person to Notify in case of an emergency** (*other than parents*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Social History** (*Please describe the personality of your child in the following phases*)

Birth to six years old: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Six to Twelve: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Twelve to present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present Problems**

What are your child's current behavioral problems? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

What are your child's current emotional problems? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

What is currently being done about these problems? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Family Relationships**

Please describe your child's past and present relationship with:

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stepfather: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stepmother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any other significant relationships with family members you child may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any history of emotional, medical, or physical problems in the family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Divorce/Separation History**

Are parent's divorced? \_\_\_\_\_ If yes, when? \_\_\_\_\_ How old was you child at the time? \_\_\_\_\_

How has the divorce been an issue for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who has custody of you son/daughter? \_\_\_\_\_

Any past or current divorce/custody battles? \_\_\_\_\_

Have parents remarried? \_\_\_\_\_ If yes, who and when? \_\_\_\_\_

\_\_\_\_\_

Has the remarriage been an issue for you child? \_\_\_\_\_

Has the child or family had history of relocation? \_\_\_\_\_ If yes, date and reason: \_\_\_\_\_

Effects on your son/daughter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Adoption**

Was your son/daughter adopted? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Age? \_\_\_\_\_

Where was your child adopted from? \_\_\_\_\_

Did you child have any previous adoption homes? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Were there any special circumstances leading up to the adoption? Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the adoption been an issue for your child? \_\_\_\_\_

Do they know information about their biological parents? \_\_\_\_\_

Have the biological parents been involved? \_\_\_\_\_ If so, how and when? \_\_\_\_\_

**Behavioral History**

Has your child ever demonstrated aggressive or violent behavior? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

---

---

---

Has your child had any involvement with the legal system? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

---

---

---

Has your child ever talked about, threatened, or tried to commit suicide? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

---

---

---

History of self-mutilation, if any: \_\_\_\_\_

---

---

---

Has s/he had any changes in behavior and/or mood? (*sad, anxious, withdrawn, angry, etc.*): \_\_\_\_\_

---

---

---

When did these changes begin to occur? \_\_\_\_\_

Has s/he had any abnormal thoughts? If so, what kind of thoughts? \_\_\_\_\_

---

---

---

Please describe any history of specific disorders (*depression, behavioral, eating, etc.*) that your child has had:

---



---



---

Please check any of the following characteristics that apply to your child growing up or currently. If current behavior, please denote with a C:

<input type="checkbox"/>	Shy or Timid	<input type="checkbox"/>	Strange Thoughts
<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Difficult to Control
<input type="checkbox"/>	Daredevil Behavior	<input type="checkbox"/>	Often Aggressive Towards Others
<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Loner
<input type="checkbox"/>	Cruel to Animals	<input type="checkbox"/>	Destructive
<input type="checkbox"/>	Played with Fire	<input type="checkbox"/>	Disliked being Touched
<input type="checkbox"/>	Basically an Unhappy Child	<input type="checkbox"/>	Restless
<input type="checkbox"/>	Witness to Violence/Abuse	<input type="checkbox"/>	Let self be pushed around
<input type="checkbox"/>	Fear of Losing Control	<input type="checkbox"/>	Gang Involvement
<input type="checkbox"/>	Verbal/Emotional Abuse	<input type="checkbox"/>	Physical Abuse
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

If your child has ever run away, please answer the following questions:

How many times has your child run away: \_\_\_\_\_ When? \_\_\_\_\_ Alone? \_\_\_\_\_ With whom? \_\_\_\_\_

How long was your child gone? \_\_\_\_\_

Did your child telephone home? \_\_\_\_\_

Distance traveled \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Stay with relatives? \_\_\_\_\_ With friends? \_\_\_\_\_

How were his/her needs met (*stealing, pan-handling, friends, other*)? \_\_\_\_\_

What was the reason for running away? \_\_\_\_\_

---



---



Explain circumstances of your child's return home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was your child involved in illegal activities? \_\_\_\_\_ If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Runaway Information**

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Birthmarks, Scars, Tattoos \_\_\_\_\_

Please list friends or relatives your child might try to contact (*include phone numbers*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Relationships**

Please explain.

Does your child make friends easily, or have difficulty making friends? \_\_\_\_\_

Does your child prefer to be alone? \_\_\_\_\_

Does your child get along well with others? \_\_\_\_\_

Does your child have more friends his own age, or older or younger? \_\_\_\_\_

Does your child have more friends of the same sex, or the opposite sex? \_\_\_\_\_

Has your child recently changed friend groups, or stopped hanging out with long-time friends? \_\_\_\_\_

What type of peer group does your child spend time with? \_\_\_\_\_

What your feelings about these choices? \_\_\_\_\_

**Sexual History**

To your knowledge has your child been sexually active? (*please describe history, frequency, patterns, etc.*) \_\_\_\_\_  
\_\_\_\_\_

To your knowledge has your child had any sexual problems? If so, what type of problems? \_\_\_\_\_  
\_\_\_\_\_

Has your child exhibited any sexual identity issues and/or inappropriate sexual behavior (*i.e. sexual acting out or perpetration*)? \_\_\_\_\_  
\_\_\_\_\_

To your knowledge has your child ever been sexually abused or raped? \_\_\_\_\_

**HISTORY OF ABUSE (SEXUAL, PHYSICAL, AND EMOTIONAL)**

\*Specify whether victim or offender

**Specific History of Abuse** (*Please list the Dates, Duration, Frequency, Treatment*)

Incest: \_\_\_\_\_  
\_\_\_\_\_

Rape: \_\_\_\_\_  
\_\_\_\_\_

Molestation: \_\_\_\_\_  
\_\_\_\_\_

Sexual Perpetration: \_\_\_\_\_  
\_\_\_\_\_

Physical Abuse: \_\_\_\_\_  
\_\_\_\_\_

Verbal/Emotional Abuse: \_\_\_\_\_  
\_\_\_\_\_

Neglect: \_\_\_\_\_  
\_\_\_\_\_

Legal measures taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's behavior, attitude and defense exhibited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degree of family involvement in the child's abuse treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse Use**

Has your child ever used tobacco, drugs or alcohol? \_\_\_\_\_ Please describe history, usage, frequency, types, interventions, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family history of substance abuse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current substance **use**, not necessarily abuse in the home (*including tobacco and alcohol*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information** Please list all doctors and other professionals (*i.e. general physicians, psychiatrist, psychologists, education, etc.*) who have examined and or treated your child (*please use additional paper if needed*):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

Age when seen: \_\_\_\_\_ Date seen (mm/yy): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

Age when seen: \_\_\_\_\_ Date seen (mm/yy): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

Age when seen: \_\_\_\_\_ Date seen (mm/yy): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

Age when seen: \_\_\_\_\_ Date seen (mm/yy): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

Age when seen: \_\_\_\_\_ Date seen (mm/yy): \_\_\_\_\_

**Medication**

Allergies: \_\_\_\_\_

Please list any past/present medications (*use additional paper if needed*):

Medication: \_\_\_\_\_

Doctor Prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Reason for discontinuing/Side-effects: \_\_\_\_\_

Dates: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor Prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Reason for discontinuing/Side-effects: \_\_\_\_\_

Dates: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor Prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Reason for discontinuing/Side-effects: \_\_\_\_\_

Dates: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor Prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Reason for discontinuing/Side-effects: \_\_\_\_\_

Dates: \_\_\_\_\_

To adequately understand the parent/child relationship and its impact on the child, it is very important that we know of any family therapy. Please list all psychiatric, psychological and/or marriage and family therapy in which the family members have participated:

Name of Therapist: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

What was addressed: \_\_\_\_\_

Frequency: \_\_\_\_\_ Dates: \_\_\_\_\_ Duration: \_\_\_\_\_

Family members who participated: Father \_\_\_\_\_ Mother \_\_\_\_\_ Child \_\_\_\_\_ Other siblings \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

What was addressed: \_\_\_\_\_

Frequency: \_\_\_\_\_ Dates: \_\_\_\_\_ Duration: \_\_\_\_\_

Family members who participated: Father \_\_\_\_\_ Mother \_\_\_\_\_ Child \_\_\_\_\_ Other siblings \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Services: \_\_\_\_\_

What was addressed: \_\_\_\_\_

Frequency: \_\_\_\_\_ Dates: \_\_\_\_\_ Duration: \_\_\_\_\_

Family members who participated: Father \_\_\_\_\_ Mother \_\_\_\_\_ Child \_\_\_\_\_ Other siblings \_\_\_\_\_

Please list any past/present medical concerns or conditions of family members which may affect your child or family relationships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

Have there been any unusual circumstances in the child's life, which have been hard for him/her to accept?

---

---

---

Have there been any deaths of family or friends that have greatly impacted your child? \_\_\_\_\_

---

---

---

What does **your child** believe his current problem to be? \_\_\_\_\_

---

---

---

What are expectations that you have regarding goals and objectives for your child while s/he is in The T.O.P.?

---

---

---

How do you plan to be involved in your child's growth while s/he is in The T.O.P.?

---

---

---

What is your child's perception of his involvement in The T.O.P.?

---

---

---





What are your child's special needs and strengths in each of the following areas:

**PHYSICAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILIAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PSYCHOLOGICAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL HISTORY

Please describe your child's school performance (*grades, relationship with teachers, classroom behavior*):

Kindergarten to 6<sup>th</sup> grade: \_\_\_\_\_

---

---

---

---

---

Junior High School (7<sup>th</sup> and 8<sup>th</sup> grade): \_\_\_\_\_

---

---

---

---

---

High School (9<sup>th</sup> – 12<sup>th</sup> grades): \_\_\_\_\_

---

---

---

---

---

Has your child had difficulties in school? \_\_\_\_\_ If yes, what? \_\_\_\_\_

---

---

Has your child ever received any type of remedial instruction? \_\_\_\_\_ If yes, which grades and classes, explain: \_\_\_\_\_

---

---

---

---

Has your child ever had an IEP (Individualized Educational Plan) or special education placement (*resource room, content mastery, etc*)? If so, please attach any assessment information. \_\_\_\_\_

---

---

---

---

Has your child ever been diagnosed with ADD or ADHD? \_\_\_\_\_

---

Does your child suffer from poor eyesight, hearing loss, speech impediment, etc? If yes, please explain. \_\_\_\_\_

---

Has your child ever repeated grades? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Has your child ever skipped grades? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Has your child ever been suspended or expelled? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please explain: \_\_\_\_\_

---

<u>Name of Schools Attended</u>	<u>Grade</u>	<u>Year</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Grade: \_\_\_\_\_ Still Attending? \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Name of Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Counselor: \_\_\_\_\_

What do you perceive as your child's current academic needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach transcript and home schools graduation requirements if in High School, otherwise the most current grade card.**

***The T.O.P.  
Medical Information Form***

Child's Name \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency whom do we contact if unable to reach the parents?

(List two)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact your doctor or dentist in an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all medical conditions so that The T.O.P. (A Program of 4Families) can best serve your child daily and in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies and illnesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of the acceptance of my child as a student in The T.O.P., the undersigned agrees to indemnify The T.O.P., its directors, and employees against any claims and demands made by or on behalf of:

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature