



Hawthorne Foundation Inc.

A Behavioral Approach to Lifelong Care[®]

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

156 William Street
New York, NY 10038

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: _____

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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Admissions Application -Page 3

If yes, Name(s) _____

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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Admissions Application – Page 4

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

By affixing your name to this document, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this application.