



# 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

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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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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

*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.*