



**APPLICATION FOR ADMISSION**

Edgewood Children's Ranch is a co-educational institution open to all, regardless of race, creed, ethnic origin or ability to pay.

**STATEMENT OF PROBLEM:** Please write in your own words what specific problems you are having that have caused you to request admission to our program.

**Please fill in all blanks. If your application is not filled out completely, it will be returned to you and admission will be delayed.**

Today's date: \_\_\_/\_\_\_/\_\_\_

Full legal name of child **as on birth certificate:** \_\_\_\_\_  
(First) (Middle) (Last)

Place of birth:

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age now: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one):  White/Caucasian  Black/African American  Asian  Biracial

Hawaiian/Pacific Islander  Other: \_\_\_\_\_

S.S. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**REFERRAL:**

Where did you hear about the Ranch? \_\_\_\_\_

How does the child feel about coming to the Ranch? \_\_\_\_\_

Does the child understand the purpose, goals, and type of program the Ranch offers? \_\_\_\_\_

**CHILD INFORMATION**

**ADDRESS OF WHERE THE CHILD IS CURRENTLY RESIDING:**

\_\_\_\_\_  
(Street) (City) (Zip) (County)

Is the child living with the person(s) having legal custody?

Yes  No, explain: \_\_\_\_\_

**CHILD'S SCHOOL:**

Name of school presently attending: \_\_\_\_\_

School County: \_\_\_\_\_

Grade: \_\_\_\_\_ (Or grade when school starts)

Has the child repeated any grades?

No  Yes, grades \_\_\_\_\_

Does the child have an IEP or 504 plan?

No  Yes (if yes, which one?) \_\_\_\_\_

Is the child receiving scholarship moneys from McKay, Step Up For Students, or Gardiner?

No  Yes, (if yes, which one?) \_\_\_\_\_

**MEDICAL:**

Is medical insurance being carried on child?

No  Yes

Name of **policyholder** on card: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number under which claim is filed: \_\_\_\_\_

Does your child have any allergies or chronic medical problems?

No  Yes, explain: \_\_\_\_\_

What is the prescribed treatment? \_\_\_\_\_

**FUNCTIONALITY:**

Has there been any DCF involvement with the family (valid or unfounded)?

No  Yes, explain: \_\_\_\_\_

Has the child ever been seen by a psychiatrist, psychologist, or other mental health professional?

No  Yes, please give dates and diagnosis given: \_\_\_\_\_

Has the child ever been hospitalized for psychiatric/behavioral purposes?

No  Yes, please give dates and diagnosis given: \_\_\_\_\_

Has the child ever been arrested?

No  Yes, list the date of offense, the charge, and sentence given: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Marital status of parents/guardian:

Married    Divorced    Separated    Widowed    Never married    N/A

**LEGAL GUARDIAN 1:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please Print)

Relationship to the child (Biological parent, adoptive parent, relative, etc.): \_\_\_\_\_

Address (if not living with child): \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Present work place: \_\_\_\_\_

Length of time on present job: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Health (List any serious illness/disability) \_\_\_\_\_

Veteran? Yes No

**LEGAL GUARDIAN 2:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please Print)

Relationship to the Child (Biological parent, adoptive parent, relative, etc.): \_\_\_\_\_

Address (if not living with child): \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Present work place: \_\_\_\_\_

Length of time on present job: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Health (List any serious illness/disability) \_\_\_\_\_

Veteran? Yes No

**GENERAL INFORMATION**

**EMERGENCY CONTACT:** Who may the Ranch contact in case there is an emergency and the family cannot be immediately reached? (**This must be someone living outside your home.**)

1) Name: \_\_\_\_\_ Relationship to CHILD: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Home

2) Name: \_\_\_\_\_ Relationship to CHILD: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Home

**CHURCH:**

Does your family attend church?

Regularly Occasionally Seldom Never

If yes, which church?

\_\_\_\_\_

**WHO IS IN THE HOUSEHOLD IN WHICH CHILD WILL BE LIVING WHILE AT THE RANCH:**

Name(s) of all parent(s), step-parent, or guardian(s) actually living in the household:

\_\_\_\_\_

Name(s) and relationship of any other adults living in the household:

\_\_\_\_\_

Name(s) and relationship of other minor children living in the household:

| Name | Birthdate | Gender | Relationship |
|------|-----------|--------|--------------|
|------|-----------|--------|--------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**FINANCIAL INFORMATION**

**ADDITIONAL INCOME:**

Does child receive any “independent income,” (AFDC, trust fund, insurance, child support, etc.?)

- No
- Yes, name **source** and give **amount**: \_\_\_\_\_  
\_\_\_\_\_

Are there any other sources of income in the home?

- No
- Yes, name **source** and give **amount**: \_\_\_\_\_  
\_\_\_\_\_

**INCOME DECLARATION:**

Please state the **TOTAL ANNUAL** income in the household from **ALL** sources:

\_\_\_\_\_ Gross Income?    Net Income?

**The tuition and housing cost each month is \$1,900 per child. Based on your income, how much are you able to pay? \_\_\_\_\_.**

**\*\* Some scholarships may be available, according to eligibility, in order to offset the cost.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

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**Please bring completed application to Family Care, along with the following documents:**

- Physical exam form, signed by doctor – must be within the last year
- Dental exam form, signed by dentist – must be within the last year
- Copies of the following:
  - Immunization record
  - Most recent report card
  - Birth Certificate
  - Social Security card
  - Insurance card
  - Proof of Custody
  - Driver’s License