



## 2019 SLIDE Program Application



**THREE OAKS**  
PUBLIC SCHOOL ACADEMY

Three Oaks Academy  
1212 Kingsley St.  
Muskegon, MI 49442

- 1) Child's Name: \_\_\_\_\_  
(last) (first) (middle)
- 2) Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3) Age: \_\_\_\_ 4) T-Shirt Size: \_\_\_\_\_ (S/M/L/XL/XXL, Adult or Youth-circle)
- 5) Address: \_\_\_\_\_ 6) City: \_\_\_\_\_ 7) State: \_\_\_\_ 8) Zip: \_\_\_\_\_
- 9) Parent/Guardian Name: \_\_\_\_\_ 10) Primary Phone: \_\_\_\_\_
- 11) Email Address: \_\_\_\_\_ 12) Secondary Phone: \_\_\_\_\_
- 13) List names, ages, and relationship of anyone else living at home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14) Child's Diagnosis: \_\_\_\_\_
- 15) Current Therapies: \_\_\_\_\_
- 16) Previous Therapies: \_\_\_\_\_
- 17) What are the primary goals you would like us to help your child achieve? \_\_\_\_\_
- 18) Does your child exhibit any behavioral issues at home? Please explain: \_\_\_\_\_
- 19) How are these issues addressed? \_\_\_\_\_
- 20) What are some of your child's favorite activities? \_\_\_\_\_
- 21) What calms your child? \_\_\_\_\_
- 22) Please tell us anything else about your child that would be helpful for his/her SLIDE experience: \_\_\_\_\_

23) Why is SLIDE important to your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This year, SLIDE will be accompanied by a sliding scale tuition that will be based on household income and the number of people utilizing said income. Your ability to provide tuition will NOT be a factor on whether your child is accepted into the program!*

- What was your total household income in 2018? \$ \_\_\_\_\_
- How many people lived at your home and were supported by the income in 2018? \_\_\_\_\_

**I understand that I will be responsible for my child’s attendance. If my child misses two consecutive days without a valid reason, he/she will not be allowed back into the program and their spot will be filled by another child.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

**Please return this completed form along with a copy of your child's current (less than one-year-old) Individualized Education Program (IEP) to:**



Email: SLIDE@detroitchildren.org

Mail: Detroit Institute for Children  
2075 East West Maple Road, #B203  
Walled Lake, MI 48390

Fax: 248-624-3332

Applicants will be notified by June 17, 2019 if their child was accepted into the program or was put on a waiting list.

*SLIDE is funded by gifts and grants to the Detroit Institute for Children, a designated 501(c)(3) nonprofit organization serving children with special needs for nearly 100 years ([www.detroitchildren.org](http://www.detroitchildren.org)).*