



**Mercy Home**  
**243 Prospect Park West**  
**Brooklyn, NY 11215**

Saturday Creative Arts Center Program for Children  
Application

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

Parent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Child's Primary Diagnosis: \_\_\_\_\_

Does your child need support to eat? If *yes* please describe:

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

Does your child need assistance for toileting? If *yes* please describe:

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

In the community might your child run away from the group? \_\_\_\_\_

If *yes* please explain what you do to ensure their safety in the community:

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

Does your child have any medical conditions we need to be aware of? If *yes* please explain:

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

Does your child have any allergies? If yes please explain:

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What are your child's favorite activities?

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Is there anything your child does not like to do?

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Is there anything your child is afraid of?

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What does your child do when they are frustrated?

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What does your child do when they are angry?

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Does your child ever try to hurt him/herself?

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Does your child ever try to hurt others?

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How did you hear about the Creative Arts Program?

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**PLEASE SUBMIT APPLICATION WITH:**

- (1) Latest PSYCHOLOGICAL, PSYCHO-SOCIAL Evaluations
- (2) Current ISP or IEP