



**CNY ASA Summer Program 2010**  
**Waiting List Application**

Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Diagnosis \_\_\_\_\_

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

Parent #1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Family Members:  
\_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Services received and frequency: \_\_\_\_\_ Speech Therapy  
\_\_\_\_\_ Occupational Therapy  
\_\_\_\_\_ Physical Therapy  
\_\_\_\_\_ Other  
\_\_\_\_\_ 1:1 Aide

Communication system used by your child:  
\_\_\_\_ Words \_\_\_\_ Signs \_\_\_\_ Choice Board \_\_\_\_ Spelling \_\_\_\_ PECS  
Other: \_\_\_\_\_

**\*\*Please attach a copy of your child's most recent IEP.\*\***

*I understand that the copy of the IEP that I am providing is for the sole use of the CNY ASA selection committee for the 2010 Summer Program and the program site directors and teachers.*

Other things we should know:

CNY ASA would like to accommodate all families interested in the Summer Program. However, please understand that space is limited and there is no guarantee that your child will be selected for the program. We will take into consideration each child's individual needs and abilities in making a determination and notify you in writing.

Currently, the CNY ASA 2010 Summer Program is full.  
This application is for the waiting list.

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**CNY ASA**  
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