



CNY ASA Summer Program 2008
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 2008 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 2008 Summer Program is full.
This application is for the waiting list.**

Parent: _____

Date: _____

CNY ASA
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