

CHILDREN'S DYSLEXIA CENTERS OF NEW JERSEY

A Scottish Rite Masonic Charity

301 Division Avenue, Hasbrouck Heights, NJ 07604

Please Circle Center Choice:

Westampton Hasbrouck Heights Northfield Bridgewater Tenafly

Date: _____

Child's Name: _____ Male Female

Date of Birth: _____ Grade: _____

Parent(s) Name: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: Home _____ Cell _____ Work _____

Email: _____

Name of School: _____

City: _____ Tel: _____

Has Child Been Evaluated Yes No Evaluations Enclosed Yes No

Describe your Child's Learning Problem(s): _____

Any medical problems? Yes No

If Yes, what are they? _____

Does your child have behavioral problems in school? If Yes, what are they?

Is English the child's primary language? Yes No If NO, what is? _____

Has your child received services at any other Dyslexia Center? Yes No

If YES, what Center? _____

How did you hear about our Program? _____

Siblings/Ages: _____

Other Family Members with Learning Problems?

Father _____

Mother _____

Siblings _____

Other Relatives _____

What type of remediation is your child currently receiving in school?

Has your child repeated a grade? Yes No If so, what grade? _____

Has your child ever been critically or chronically ill? _____

Does your child have allergies? _____

Is your child currently taking medication? Yes No If so, what medications?

Do you spend time reading to your child? Yes No

Does your child seem to enjoy being read to? Yes No

Does your child hesitate to read to you? Yes No

Does your child talk favorably about school? Yes No

Is your child right handed or left handed

Please include any additional information which might help us to help your child.

Release of Information for Research

I understand that information provided to the Center as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used and that data will be confidential. I further understand that this consent will not affect the Center's decision on my child's acceptance into the program.

Parent Signature

Date

Please email all application materials to: masoniclearningcenters@verizon.net

OR

Mail all application materials to:

Children's Dyslexia Centers of New Jersey
Central Office
301 Division Avenue
Hasbrouck Heights, New Jersey 07604
(201) 288-1183