

**Sunflower Bakery Application**  
**Sunflower Teen Exposure Program (STEP) 2024-25**

Please provide all information requested below. **Students will be accepted on a first-come, first-served basis for each session.** In order to ensure safety and to protect from COVID-19, all students must be at least 16 years old and vaccinated at least 2 weeks before the starting date for session attending, or have an approved medical or religious exemption.

**There will be 3 sessions offered between October 2024 and December 2024. The curriculum will be the same for all sessions. The Fall sessions will meet for two consecutive weeks on Monday and Tuesday afternoons from 4:00-6:30pm, for a total of 4 classes. Please select your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices of sessions below:**

**Following sessions meet 4pm-6:30pm each day:**

\_\_\_ Session 6 October 28-29, Nov. 4-5

\_\_\_ Session 7 November 11-12, 18-19

\_\_\_ Session 8 December 2-3, 9-10

**STUDENT INFORMATION**

*Participant's Name:* \_\_\_\_\_ *Preferred Name:* \_\_\_\_\_

\_\_\_ Male \_\_\_ Female \_\_\_ Non-Binary Preferred pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Select one of the following categories: Asian \_\_\_ Black or African American \_\_\_ Hispanic or Latino \_\_\_ White \_\_\_ Native American or Alaska Native \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ Prefer not to say \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Living Arrangements: (Check one)

\_\_\_ With both parents \_\_\_ With Mother \_\_\_ With Father \_\_\_ With other

First parent name: \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Second parent name: \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

OR \_\_\_ With legal guardian(s), other

First guardian name: \_\_\_\_\_ Relationship \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Second guardian name: \_\_\_\_\_ Relationship \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

**SCHOOL ATTENDING:**

**Please attach current IEP, including goals, progress towards goals, and accommodations to this application.**

Below, please name current school attending, specifying middle or high school, and dates as requested.

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School name	Dates attending	Expected grad. Date	___ Certificate or ___ Diploma?
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Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):

Name	Type of program	Address	Dates
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Is applicant able to read? \_\_\_ Yes \_\_\_ No. If yes, at what grade level? \_\_\_\_\_

Has applicant had any experience cooking or baking at home? \_\_\_ Yes \_\_\_ No

Can applicant stand for 2-1/2 hours while preparing and baking? \_\_\_ Yes \_\_\_ No



Please comment on any of above with regard to educational settings:

\_\_\_\_\_

Sunflower Bakery provides a safe environment. I agree that while I am at Sunflower Bakery, I will not engage in violence, threats of violence, threats of harm to self or others, damage to property, stealing, substance abuse, bullying, etc.

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACTS**

Emergency contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency contact #3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail \_\_\_\_\_

At the end of class, I authorize the following people to pick up my child from Sunflower Bakery with picture ID: (You should inform anyone whose name is listed. List yourself and include 2 others' names and cell phones.)

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

**HEALTH AND MEDICAL INFORMATION**

Name of Primary Physician: \_\_\_\_\_ Telephone number: \_\_\_\_\_

FAX: \_\_\_\_\_

Name(s) of Psychiatrist/Neurologist (if applicable): \_\_\_\_\_

Telephone number(s) by (company name): \_\_\_\_\_ Group: \_\_\_\_\_

Governmental Program: \_\_\_\_\_ Policy number: \_\_\_\_\_

**ALLERGIES :** \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

History of gluten intolerance or Celiac disease?  yes  no

Medical concerns: \_\_\_\_\_

**Medical Release**

The applicant has permission to participate in all Sunflower Bakery activities except as noted by me. I give permission to the physician selected by Sunflower Bakery to order x-rays, routine tests, and treatment related to the health of the participant for emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this applicant. I understand the information on this form will be shared on a "need to know" basis with Bakery staff. I give permission to photocopy this form. In addition, the Sunflower Bakery has permission to obtain a copy of the applicant's health record from providers who treat him/her and these providers may talk with the Bakery's staff about the applicant's health status.

Date: July 2024 through June, 2025

\_\_\_\_\_  
Signature of parent/guardian

**Photo or Video Image Release**

I give my permission and consent to allow my son's/daughter's photographs or video image to be taken during Sunflower Bakery activities. I further give permission and consent that any such photographs or video image may be published and used by Sunflower Bakery and its agents, to illustrate and promote the Bakery.

Date: July 2024 through June, 2025

\_\_\_\_\_  
Signature of custodial parent/guardian

**Release of Liability**

The participant assumes all risks associated with participation in the class(es). Sunflower Bakery assumes no liability for injury or damages arising from participation in the class(es).

Date: July 2024 through June, 2025

\_\_\_\_\_  
Signature of parent/guardian

**Other Releases**

I hereby give permission to the professionals listed below to release information that would relate to my child’s participation in classes with the Sunflower Bakery. This would include diagnoses, treatment summaries, test results, behavior management programs, verbal exchanges between treating persons or facilities, and any other information or recommendations considered pertinent to this relationship.

Date: July 2024 through June, 2025

\_\_\_\_\_  
Signature of parent/guardian

Please list any therapists with whom the applicant may be currently involved.

Name	Title	Agency	Address	Phone	E-mail

**Agreement**

I understand that the tuition for the Sunflower Teen Exposure Program (STEP) is \$700. I agree that if I am participating with DORS in Pre-ETS, I will follow up to ask DORS for Authorization for funding for the Sunflower Teen Exposure Program. If DORS’ Pre-ETS is not an option, I agree to pay \$700. **I understand that payment or Authorization for payment from DORS or another source must be received by Sunflower two full weeks before the first day of class attending.**

**Attached is my child’s current IEP, including goals, progress towards goals, and accommodations and psychological report, if appropriate.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

HOW DID YOU FIND OUT ABOUT SUNFLOWER BAKERY? \_\_\_\_\_

HAVE YOU MET WITH ANYONE FROM THE MD DIVISION OF REHABILITATION SERVICES (DORS)? \_\_\_\_ YES \_\_\_\_ NO

IF IN VIRGINIA, Department of Aging and Rehabilitative Services? \_\_\_\_YES \_\_\_\_ NO

IF IN DC, Rehabilitation Services Administration? \_\_\_\_ YES \_\_\_\_ NO

DO YOU HAVE A DORS OR OTHER COUNSELOR FROM ONE OF THE ABOVE REHABILITATION SERVICES? \_\_\_\_ YES \_\_\_\_ NO  
IF SO, WHO AND AT WHICH OFFICE?  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
SUNFLOWER BAKERY, 5951 Halpine Road, Rockville, MD 20851

ATTENTION:  
SARA PORTMAN MILNER, LCSW-C  
OR E-MAIL TO [teens@sunflowerbakery.org](mailto:teens@sunflowerbakery.org)  
Phone: 240-361-3698