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 1st, 2nd and 3rd choices of sessions below:

	Following sessions meet 4pm-	6:30pm each day:				
Session 8 December 2-3, 9-10 STUDENT INFORMATION Participant's Name:	Session 6 October 28-3	29, Nov. 4-5				
STUDENT INFORMATION Participant's Name:	Session 7 November 1	1-12, 18-19				
Participant's Name:	Session 8 December 2	-3, 9-10				
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: Second gardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: _ Second guardian name: Relationship E-mail: Second guardian name:	STUDENT INFORMATION					
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: Second parent name: Email Phone: Home: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Pay: Cell: Sechool guardian name: Pay: Cell: Sechool guardian name: Day: Cell: Secho	Participant's Name:					
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: Second parent name: Email Phone: Home: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Relationship E-mail: Home phone: Day: Cell: Second guardian name: Pay: Cell: Sechool guardian name: Pay: Cell: Sechool guardian name: Day: Cell: Secho	MaleFemaleNon-	Binary Preferred pronouns	·	Date of Birt	:h:	Age:
Address						
Present Living Arrangements: (Check one) With both parentsWith MotherWith FatherWith other First parent name:Email Phone: HomeDay:Cell: Second parent name:Email Phone: Home:Day:Cell:						
With both parentsWith MotherWith FatherWith other First parent name:	Address		_City		State	Zip
First parent name:	Present Living Arrangeme	nts: (Check one)				
ORWith legal guardian(s), other First guardian name:						
ORWith legal guardian(s), other First guardian name:	First parent name:		Email			
ORWith legal guardian(s), other First guardian name:	Phone: Home	Day:		Cell:		
ORWith legal guardian(s), other First guardian name:	Second parent name:		Emai	l		
ORWith legal guardian(s), other First guardian name:	Phone: Home:	Day:		Cell:		
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. School name Dates attending Expected grad. Date Certificate or Diploma? Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):	ORWith legal guardia	n(s), other				
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. School name Dates attending Expected grad. Date Certificate or Diploma? Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):	First guardian name:	Rel	ationship	E-mail:		
Second guardian name:	Home phone:	Day:		Cell:		
Home phone:	Second guardian name:		Relationship	E-mail:		
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. School name Dates attending Expected grad. Date Certificate or Diploma? Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):	Home phone:	Day:		Cell:		
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Below, please name current school attending, specifying middle or high school, and dates as requested. School name Dates attending Expected grad. Date Certificate or Diploma? Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):		including goals progress to	owards goals a	and accommodat	ions to this	annlication
School name Dates attending Expected grad. Date Certificate or Diploma? Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):			_			
Previous camp experiences or Pre-ETS classes in past 2 years (include ESY):						
	SCHOOL Halfile	Dates attending	Expected grad.	Date Cer	tilicate of _	_ Dipioina:
	Drovious camp ovnorions	os or Dro ETS classos in past	2 years (includ	o ECV).		
Name Type of program Address Dates				•		Dates
	Name	rype or program	AC	auress		Dates
Is applicant able to read?Yes No.	Is applicant able to read?	Yes No. If ves at	what grade lev	vel?		
Has applicant had any experience cooking or baking at home? Yes No			_			
Can applicant stand for 2-1/2 hours while preparing and baking?YesNo						

Please indicate skill level for the list below. (No		e as follows for each skill:
T= Tried, NT= Never Tried, C = Capable, E = Exc		
Identifies ingredients	Identifies utensils	Washes dishes
Measures with measuring cups	Measures with measuring spoons	
Understands need to wash hands	Uses whisk	Uses digital kitchen scale
Turns oven off/on	Uses spatula	
Uses electric hand mixer	Uses food processor	
Uses electric stand mixer	Ties apron independently	
Removes pans from oven	Uses microwave	
Consistently identifies and differentiates sizes	of measuring cups and spoons	
Teen's disability/ies (Please describe.):		
Mobility:Ambulatory Perso Communication: VerballyYesNo assistive devices used to communicate will be	If no, what means/methods are used to	communicate? What
Provide any additional information pertinent t	to applicant's expressive or receptive lan	guage.
Please check appropriate spaces that best des	cribe applicant's disability/disabilities.	
Learning disability/ies	Behavioral concerns	
Mild intellectual disability	Attention deficit hyperactivity disorder	
Moderate intellectual disability	Anxiety disorder	
Speech/language impairment	Hearing loss	
Cerebral palsy	Limited vision/Blind	
	Psychiatric diagnosis/mental illness	
	Depression	
	OCD	
Epilepsy/seizure disorder Date of last s	eizure Motor or non-mot	or?
Other		
Is applicant currently taking any medications f	or any of the above?YesNo If ye	s, which medications?
*Psychiatric/Psychological/Emotional Disabilit Primary Diagnosis		
Additional Diagnoses		
Please attach a copy of the most recent psycl		
Please comment on any of above with regard in Bakery activities. Use back of page if necess	to educational settings. Please indicate a	any restrictions from participation
BEHAVIORAL CONCERNS Does applica	nt (check if yes):	
Threaten to do physical violence	Ignore or resist following instruction of	or routines
Damage personal property	Lie or steal Have difficult	
Damage the property of others	Abuse self Abuse substa	nces
Damage public property	Have a record of any arrests	
Use angry language	Have socially unacceptable sexual hal	hits
Have violent temper or outbursts	Exhibit offensive behavior, including b	
have violent temper of outbursts	Exhibit offeribive beliavior, including t	onynig, with pecis

			_	
	_	e that while I am at Sunflower Bakery, I will not engage in violen amage to property, stealing, substance abuse, bullying, etc.	ce,	
EMERGENCY CONTACTS		· · · · · · · · · · · · · · · · · · ·		
		Relationship:		
Emergency contact #2 Name:	ceii phone:	e-mail		
Day phone:	Call phone:	Relationship: e-mail		
Emergency contact #3 Name:	cen phone	Polationship:		
Day phone:	Call phone:	Relationship: e-mail		
At the end of class Lauthorize the	cell priorie	pick up my child from Sunflower Bakery with picture ID:		
		vourself and include 2 others' names and cell phones.)		
(, , , , , , , , , , , , , , , , , , ,	,a	, and and more 2 can be made and con priorios,		
HEALTH AND MEDICAL INFORMA	TION			
Name of Primary Physician:		Telephone number:		
FAX:				
Name(s) of Psychiatrist/Neurolog	ist (if applicable):			
Telephone number(s) by (company	y name):	Group:		
Governmental Program:		Policy number:		
ALLERGIES :				
Date of last Tetanus shot:				
History of gluten intolerance or Co				
Medical concerns:		·····		
Medical Release				
		ower Bakery activities except as noted by me. I give		
	-	ery to order x-rays, routine tests, and treatment related to the		
· · · · · · · · · · · · · · · · · · ·		cannot be reached in an emergency, I give		
		proper treatment for, and order injection, anesthesia, or		
		n on this form will be shared on a "need to know"		
, , ,		this form. In addition, the Sunflower Bakery has		
		ecord from providers who treat him/her and these		
providers may talk with the Baker	y's staff about the ap	·		
		Date: July 2024 through June, 2025		
Signature of parent/guardian				
Photo or Video Image Release				
	to allow mv son's/da	aughter's photographs or video image to be taken during		
		nd 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/gua	rdian			

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

Release of Liability							
		ssociated with partici ticipation in the class		. Sunflower Bakery a	assumes no liability for		
injury or damages a	insing nom par	ticipation in the class) 24 through June, 20	25		
Signature of parent	/guardian		_ ,	- 100. 00. y 202 : 1. 1. 00g. 1. 00110, 2020			
Other Releases							
I hereby give permi	ssion to the pro	ofessionals listed belo	ow to release informat	tion that would relate	e to my child's		
			would include diagno				
				s or facilities, and an	y other information or		
recommendations of	considered pert	tinent to this relation	•)24 thus ush luns 20	25		
Signature of parent	/guardian		Date: July 20)24 through June, 20	25		
Signature of parent	, guar ararr						
Please list any ther	apists with who	om the applicant may	be currently involved	l.			
Name	Title	Agency	Address	Phone	E-mail		
Agreement							
•	ne tuition for th	ne Sunflower Teen Ev	posure Program (STEP	o) is \$700 agree tha	t if I am narticinating		
			uthorization for fundi				
			ay \$700. I understand		-		
-			red by Sunflower two				
attending.	S of allottief S	ource must be receiv	rea by Sullilowel two	iuii weeks belole tii	e ilist day of class		
accerianis.							
Attached is my chil	d's current IEP,	, including goals, pro	gress towards goals, a	and accommodation	s and psychological		
report, if appropria					. , .		
			_				
Signed			Date				
Parent or G	uardian						
HOW DID YOU FIND	OUIT ABOUT S	UNFLOWER BAKERY?					
TIOW DID TOOTING	0017180013	ON LOWEN BANKENT:					
HAVE YOU MET WIT	TH ANYONE FRO	OM THE MD DIVISION	N OF REHABILITATION	SERVICES (DORS)?	YES NO		
			Services?YES				
	_	dministration?					
				HABILITATION SERVI	CES?YESNO		
IF SO, WHO AND AT							
PLEASE RETURN TH							
SUNFLOWER BAKEF	RY, 5951 Halpin	e Road, Rockville, MI	D 20851				
ATTENTION:							
ALLENTION.							

SARA PORTMAN MILNER, LCSW-C OR E-MAIL TO teens@sunflowerbakery.org

Phone: 240-361-3698