Medical History Universal Application Education Have you had Chicken pox Do you have medical insurance? OYES ONO ... Yes No Cystic Fibrosis . Preschools and Kindergartens attended Birth names of 8 great-grandparents: To be accepted as one of us, fill out this application in full, typed Height Lft. Lin. .○YES ○No German measles. Yes No Kidney infections Weight LL or neatly printed in black ink. Due to the large number of NAME FROM /TO PUBLIC OR PRIVATE GPA DEGREE EARNED AFFILIATION SUBJECTS STUDIED Mumps ... YES No Cystitis. .OYES ONO applicants, admission is highly competitive. Be sure to answer .. Yes No Migraine Headache. ..OYES ONO Scarlet fever .. Calories eaten per day NAME FROM /TO PUBLIC OR PRIVATI DEGREE EARNED all questions, as any blank spaces will disqualify your applica-Native countries & languages of 8 great-grandparents: Elementary Schools attended YES No Appendicitis YES No Grams of fat eaten per day tion. Applications received after the deadline will not be ac-Whooping cough .. YES .OYES ONO Total cholesterol. cepted. Qualified applicants will be invited for a personal FROM /TO PUBLIC OR PRIVATI NAME Affiliation Subjects Studied DEGREE EARNED interview within 60 days of receipt of application. Please Do you have any allergies?.. . OYES ONO ○No Heartbreak of psoriasis ○YES ○No enclose with your application three letters of recommendation NAME Yes No Multiple sclerosis. From /TO PUBLIC OR PRIVATI Affiliation Subjects Studied DEGREE EARNED If yes, specify_ Summer Camps attended in sealed envelopes, written by current or past members; a Level of education of 8 great-grandparents: Autoimmune disease ... Yes No Do you use medications regularly? YES No Rheumatic fever ... YES No copy of your most recent tax return, signed, with all accompa-Substance abuse .. .○YES ○No Tuberculosis YES)No If yes, specify_ NAME FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED DEGREE EARNED GPA nying schedules, forms, worksheets and W2s; a recent bank Have you ever had surgery? OYES ONO statement; notarized copies of your birth and marriage certifi-NAME CITY FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED DEGREE EARNED .○YES ○No ()YES Encephalitis Anorexia nervosa. If yes, specify_ cates; vaccination and physical examination records; official Middle Schools attended Birth names of 4 grandparents: YES YES No . OYES ONO Pneumonia Obesity transcripts from all educational institutions attended; a recent Psychotherapy?)No FROM /TO PUBLIC OR PRIVATI YES No photograph, and a check for \$75 made out to Us. YES If yes, for how long Native countries & languages of 4 grandparents: .○YES ○No Abortion.)No Explain Identity CITY FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED GPA DEGREE EARNED High Schools attended YES No AIDS .. Schizophrenia _)No If not, why not?_ Name Level of education of 4 grandparents YES No Bipolar disorder Any tattoos or piercings? YES No FROM /TO PUBLIC OR PRIVATE Affiliation Subjects Studied GPA DEGREE FARNED YES No Title (please check all that apply): YES If yes, specify_ YES YES No NAME Since Herpes.. Conjunctivitis CITY GPA _)No From /to Public or Private AFFILIATION SUBJECTS STUDIED DEGREE EARNED Locations **Current Title:** Birth names of 2 parents Colleges attended OYES ONO Age at first masturbation Hangnail Shingles. YES)No () Ms. Miss Native countries & languages of 2 parents YES Osteoporosis Athlete's foot YES No Frequency of masturbation.)No NAME CITY FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED DEGREE EARNED **Desired Title:** Jock rot. Sickle cell anemia YES No Age at first orgasm _)No Level of education of 2 parents ○ Ms. YES No Age at first sexual intercourse Graduate schools attended Were any of these ever divorced? OYES ONO .○YES ○No ()YES Number of male sexual partners Chlamydia No HIMSELF HERSELF If yes, explain. AFFILIATION SUBJECTS STUDIED FROM /TO PUBLIC OR PRIVATI DEGREE EARNED YES YES No Number of female sexual partners Head lice)No Diarrhea FORMERLY KNOWN AS YOUR EXCELLENCE YOUR HIGHNESS Pubic lice YES No Method of birth control YES From /TO Public or Private DEGREE EARNED Social Security Number Frequency of sex YES No Otitis media YES per If you need more space, please continue on back of form Were any of these substance abusers? OYES ONO Driver's Licence Number YES YES No Too Much...... Too LITTLE Just RIGHT Cancer.. Broken bones)No If yes, explain. Which is your primary language? What languages do you speak?_ YES No Do you snore? . YES No YES Concussion State Expires --student ID number? Are you currently a student? Yes No If yes, where? Frequency of bowel movements LLL per .○YES ○No Asthma. ÚYES (\bigcirc No Passport Number I Issued at If you have a PhD, what was the subject of your dissertation?_ Were any of these ever arrested? OYES ONO YES No Diabetes YES YES No Anxiety Do you smoke?.. _)No Issue date If yes, explain. Do you hold any honorary degrees? Yes No If yes, from what universities? YES No If yes, specify brand_ ○YES Mailing address: Colleges attended by your parents .○YES ○No How many per day?. Chorea.. ()YES)No How many smoke detectors in your home? Cerebral palsy YES YES No \bigcirc No Strabismus Please estimate the percent of your ancestry in each FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED DEGREE EARNED ○YES ○No YES No Muscular dystrophy Yes No Do you drink alcohol? Since of the four following groups. These should total 100%. .○YES ○No YES No MONTH/DAY/YEAR FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED DEGREE EARNED If yes, specify brands_ Royalty/aristocracy Permanent address: Colleges attended by your siblings Professional/middle-class .OYES ONo How many per day?Per week? 📖 Blindness. YES No Tonsillitis Farmer/yeoman Have you ever used illegal drugs? OYES ONO NAME DEGREE EARNED Laborer/peasant Do you use any of the following aids: If yes, specify_ Telephone | | | | Indigent/entertainers Since GPA YES No Tanning salon STATE FROM /TO PUBLIC OR PRIVATI Affiliation Subjects Studied DEGREE EARNED Contact lenses.. Do you currently use illegal drugs OYES ONO Month/Day/Year Colleges attended by your children Does your family ◯YES ◯No Push up bra OYES ONO Eyeglasses Vacation home address: If yes, specify_ have a crest or APARTMENT NUMBER Sunglasses ○YES ○No Control top panty hose○YES ○No FROM /TO PUBLIC OR PRIVATE AFFILIATION SUBJECTS STUDIED GPA DEGREE EARNED If yes, cost per week? coat of arms? No Exposing cleavage Yes No Pince nez. YES No Women FROM /TO PUBLIC OR PRIVATE DEGREE EARNED AFFILIATION SUBJECTS STUDIED Since ONo Facial hair cultivation OYes ONo Monocle. If yes, please Age at onset of menstruation MONTH/DAY/YEAR **Employment History** Night vision goggles . OYES ONO Expensive jewelry OYES ONO sketch in space Previous address: YES No Regular periods?. at right. No Imported sports car .. Yes No APARTMENT NUMBER Hearing aid. Please list all previous employers. Leave no time gaps. Continue on reverse if necessary. YES No Cramping?. YES NO SUV or pickup truck.. YES No Ear tubes. . OYES ONO Premenstrual syndrome? How many children in your family of origin? **E**MPLOYER From /то TITLE SALARY REASON FOR LEAVING Motorcycle .. YES No Headphones ○Yes ○No Telephone Since . OYES ONO Achieve orgasm regularly? . How many children in mother's family of origin? Handgun YES No Braces ... FROM /TO TITLE REASON FOR LEAVING Age at first pregnancy. Mother's address: How many children in father's family of origin? YES Alcohol.. OYES ONO Dental plate)No Age at last pregnancy REASON FOR LEAVING TITLE YES No Caffeine YES No Dentures. Number of pregnancies If yes, explain. YES No 12-step programs YES No Mnemonic device.. FROM /TO REASON FOR LEAVING Since_ Telephone Number of live births. Pornography MONTH/DAY/YEAR Have you ever had an abortion? .. OYES ONO FROM /TO Father's address: REASON FOR LEAVING Yes No Breath mints ○YES ○No Were any of these substance abusers? \bigcirc Yes \bigcirc No If yes, explain_ Chewing gum. Toupee .. From /то TITLE REASON FOR LEAVING If yes, explain. Age at menopause YES No Self aggrandizement . YES No Switch. Last PAP smear Since Telephone ____ From /то REASON FOR LEAVIN YES No Belittling others. Hairweave. MONTH/DAY/YEAR Last mammogram YES No Were any of these ever arrested?.. Infancy ○YES ○No Brown nosing.. From /то TITLE REASON FOR LEAVIN Crutches .. Last sex If yes, explain. Wheelchair Yes No Cynicism. YES No **Financial History** Date of birth YES No Optimism YES No Place of birth Age at first nocturnal emission Account Number Did any of these ever perform a homosexual act? Bank Name Denial. YES No HOME/HOSPITAL/CITY/COUNTY/STATE/COUNTRY OYES ONO Achieve erection regularly? .○YES ○No Account since _____ How many checks have you bounced? Birth: VAGINAL INDUCED C-SECTION ADOPTION YES No YES Umbrella . \bigcirc No Rod. OYES ONO Achieve orgasm regularly? YES No Anesthesia: None OLOCAL EPIDURAL GENERAL Are your paychecks directly deposited? YES No Snowblower YES No Vibrator. And your partner?.. YES No Birth attended by . OYES ONO OYES ONO Training wheels. Age at first impregnation Physician/Midwife/Nurse/Relatives/Other PIN Expires -----ATM Card Number .. OYES ONO YES No Air conditioning. Butt plug .. How many children do you have? Age at last impregnation Complications at Birth How many credit cards do you hold? Total card balance: \$ Penis enlarger YES No Cleansing breath YES No .OYES ONO Were any of these ever divorced?. APGAR score at birth 10 min. later 1 hour later Number of impregnations Credit Card 1 Type OVISA OMASTERCARD ODISCOVER OTHER If yes, explain. Explain and give dates for all yes answers above. Describe any other Weight at birth Ibs. oz. Gender at birth of M Number of live births. Credit Card Number Expires _____ Length of flaccid penis health problems_ Associated religious rite_ Credit Card 2 Type VISA MASTERCARD DISCOVER OTHER BAPTISM/CHRISTENING/BRIS/PRESENTATION/DEDICATION/OTHE Length of erect penis .OYES ONO Were any of these substance abusers? Date of umbilicus loss. Credit Card Number Expires Diameter of penis If yes, explain. Initial feeding: BREAST BOTTLE Until Account Number Brokerage OYES ONG Do your balls hang low? If yes, until ______ Pacifier? YES No Account since _____ ○YES ○No Current Value \$_____ Do they wobble to and fro? . Family word for pacifier_ .OYES ONO Were any of these ever arrested? Have you ever sold short? OYES ONO Last prostate exam Traded options? OYES ONO Please scrape the inside of your cheek with your fingernail If yes, explain. First steps on \$ | | | | | | | | | and deposit the sample in this circle. Total balance in tax-deferred retirement accounts: First word Current Value \$ Personal Grooming PER DAY OR MORE DAILY Automobile 1: Potty trained Did any of these ever perform a homosexual act? COLOR/MAKE/MODEL/YEAR License Plate Number Dry at night .OYES ONO Vanity Plates? YES No How often do you bathe or shower? .Years of daycare Full-time parent until ______ Registration | | | | | | | | | | | Expires 🗌 How often do you shave? Daycare: At Home Family GROUP CHAIN Current Value \$______ Automobile 2: How often do you pluck your brows? ...OYES ONO Spanking? COLOR/MAKE/MODEL/YEAR How often do you brush your teeth? License Plate Number Your children Vanity Plates? YES No **Marital History** How often do you floss? Child Number 1 Planned Unplanned Registration State Expires — How often do you cut your hair? Marital status (check all that apply): SINGLE PARTNER Date of conception Businesses owned: Is your hair cut professionally? MARRIED SEPARATED DIVORCED WIDOWED Conception: Natural FERTILITY TREATMENT OTHER Cash value of all businesses owned: How often do you cut your fingernails? Have you ever taken out a restraining order? OYES ONO Life insurance value: Whole life \$______ Term \$ Date of birth How often do you paint your fingernails? Has there been a restraining order against you? YES No Cash value of your trust fund: How often do you have a manicure? Place of birth Marriage 1: To HOME/HOSPITAL/CITY/COUNTY/STATE/COUNTRY Cash value of your art collection: . How often do you cut your toenails? From _____ to ____ VAGINAL OINDUCED OC-SECTION OADOPTION How often do you paint your toenails? Cash value of your home furnishings and appliances: Anesthesia: None Olocal OEpidural OGENERAL Ceremony type: CIVIL RELIGIOUS (specify) How often do you have a pedicure? How many frequent flyer miles do you currently hold? Birth attended by Groom's clothes his own or rented? How often do you remove toe lint? With which airlines?_ . Cash value \$__ How many guests? How many attendants? Complications at Birth How often do you remove navel lint? Cash value of unreturned beverage bottles: APGAR score at birth 10 min. later 1 hour later Spouse date of birth: Profession How often do you wear makeup? \$ | | | | | Cash value of time remaining on magazine subscriptions: How often do you apply deodorant? Weight at birth Ibs. oz. Gender at birth of M List other investments and assets, with their values: How often do you clean your ears? Infidelity? Yes No If yes, by whom? Self Spouse Associated religious rite List all debts, amounts owed, and dates due How often do you work out? Violence? YES No If yes, by whom? SELF SPOUSE Past 12 months \$ Gambling losses: Lifetime \$______ Date of umbilicus loss. How often do you squeeze pimples? Marriage 2: To Past 12 months \$ Charitable donations: Lifetime \$ Initial feeding Breast Bottle Until How often do you pick your nose? From _____ to ____ List charities in order of amount donated: If yes, until _____ After picking your nose, where do you deposit the results? OHANDKERCHIEF OTISSUE OTOILET PAPER OSLEEVE OMOUTH OOTHER Pacifier? OYES ONo Ceremony type: CIVIL RELIGIOUS (specify) Tax form filed in most recent year: 01040 01040A 01040EZ 00THER Do you color your hair? OYES No Is your hair colored professionally? OYES No Family word for pacifier Groom's clothes his own or rented? YES No Have you ever received the Earned Income Credit? Have you had Lasik surgery? OYES ONO First steps on How many attendants? How many guests? YES No Have you ever been subject to the alternative minimum tax? With a Q-tip, wipe inside your ear canal and deposit a sample of earwax in this circle. On III-III-First word_ Spouse date of birth: Profession Have you ever declared bankruptcy? YES No If yes, explain: Have you had cosmetic surgery or other treatments? OYES ONO If so, please describe. Potty trained Estimated net worth today: ... What is your preferred method of body hair removal? SAFETY RAZOR ELECTRIC RAZOR ODEPILATORY CREAM OWAXING OELECTROLYSIS OEPILADY OLASER OOTHER (DESCRIBE) Expected inheritance: Infidelity? OYES ONO If yes, by whom? OSELF OSPOUSE Full-time parent until ______. Years of daycare Estimated date of inheritance: Rate the relative importance to you of the following shoe features: Comfort \(\bigcup_\% \) Workmanship \(\bigcup_\% \) Appearance \(\bigcup_\% \) Violence? OYES ONO If yes, by whom? OSELF OSPOUSE Daycare: At Home Family Group Rate your overall personal attractiveness on a scale of 1 (low) to 10 (high): Attractiveness relative to others your age: Marriage 3: Explain_ **Literacy and Culture** YES No Spanking? Other Personal Information How many books do you own? ... % you have read: ... Continue on reverse if necessary Child Number 2 Planned Unplanned Astrological Sign_ In what house is your moon? What color is your aura? How many books do you read per week? . Housing Date of conception Who is your long distance telephone service provider?_ Previous provider? Last two books read Favorite sports team? FERTILITY TREATMENT OTHER Conception: NATURAL How many rooms? Have you ever purchased anything from a telemarketer? YES No If yes, what? Have you ever been a telemarketer? YES No Library Card Number How many floors? Library PIN Library City and State Please list all organizations of which you have ever been a member (cultural/educational/fraternal/military/paramilitary/political/professional/religious/scouting/social/ Date of birth How many bedrooms? How many bathrooms? Total overdue fines in the past 10 years. Place of birth Garage space for how many cars? ... HOME/HOSPITAL/CITY/COUNTY/STATE/COUNTRY Any books currently overdue? OYES ONO If yes, how many? Please list all hobbies and collections Describe the landscaping VAGINAL OINDUCED OC-SECTION OADOPTION How many speeding tickets have you received? Dates: By how much were you exceeding the speed limit? To what magazines do you subscribe?_ Anesthesia: None OLOCAL EPIDURAL GENERAL Describe any garden ornaments: Do you recycle? YES No With what organizations do you volunteer?_ Which of them do you read?_ Hours/week Describe the view Birth attended by_ Have you ever taken part in a sit-in, protest or demonstration? OYES ONO If yes, specify_ To what newspaper do you subscribe?_ Physician/Midwife/Nurse/Relatives/Other Describe the neighborhood_ Have you ever littered? OYES ONO Kid, have you ever been arrested? OYES ONO Kid, did you ever go to court? OYES ONO Complications at Birth_ Which section do you read first? Kid, we want to know details of the crime, time of the crime and any other kind of thing you got to say pertaining to and about the crime. We want to know arresting How is the site zoned? APGAR score at birth 10 min. later 1 hour later Which sections do you not read?_ officer's name and any other kind of thing you got to say about the crime._ Swimming pool? Yes No Jacuzzi/sauna? Yes No How many hours per week do you spend online? Weight at birth Ibs. oz. Gender at birth F M Kid, have you rehabilitated yourself? OYES ONO How many guns in your home? How much of that time is spent in chat rooms? Associated religious rite_ For whom did you vote in the last six presidential elections? 2000_ Internet service provider Loaded? OYES ONO Since Locked up? OYES ONO Date of umbilicus loss Did you ever display an American flag before September 11, 2001? YES No Have you displayed an American flag since September 11, 2001? YES No E-mail address?..... Who decorates your home? Initial feeding Breast Bottle Until _ Beginning display date: LLL-LLLL Removal date: LLL-LLLL times per ODAY OWEEK If yes, format? Jewelry ODecal OPAPER OFABRIC OTHER_ Frequency you check your e-mail? YOU OTHER FAMILY MEMBERS OHIRED HELP ONOBODY What is your e-mail password? ... Pacifier? OYES No If yes, until ______ Who cleans and maintains your home? Number of recordings owned in each category: Color **Statement of Purpose** Instant messenger name? ... CAS- 8- TO 78 MP3s CDs LPs SETTES TRACKS REEL RPMS First steps on YOU OTHER FAMILY MEMBERS HIRED HELP NOBODY Please circle the sample that most closely Please indicate in 300-500 words the background and experi-Instant messenger password? Alternative First word ences that have caused you to apply to us, what you hope to gain approximates your **natural** skin color. List everything currently under your bed: Hours per week playing computer/video games? Bluegrass from admission, and how you will contribute if accepted. Potty trained. Blues Which ones? If you OWN your home: Dry at night. Celtic How many hours per week do you watch television? Full-time parent until _____. Years of daycare ____ Choral Is your home \bigcirc A house \bigcirc A condominium How many hours watching professional sports? Christian Pop Daycare: At Home Family Group Year purchased ______ Do you have cable TV? OYES ONO Satellite dish? OYES ONO Classic Rock Please circle the sample that most closely OYES ONO Most watched shows How much did it cost? Spanking? Classical approximates your natural eye color. What was your downpayment? \$ How many times have you watched Oprah? Child Number 3 Planned Unplanned Country How many times have you watched the Tonight Show? Disco How much did you borrow? If planned, explain How many videos do you own? Ethnic At what interest rate? If unplanned, explain_ Folk Three most watched_ How much do you still owe? Date of conception Funk Hours per week listening to public radio?. Conception: NATURAL FERTILITY TREATMENT OTHER Gospel Please circle the sample that most closely What are your monthly payments? \$______ Yearly donation to public radio? approximates your natural hair color. Grunge Date of birth How many acres is your property? Hours per week listening to commercial talk radio? Heavy Metal Current appraised value Place of birth How many films do you see in theaters per week? . Hiphop HOME/HOSPITAL/CITY/COUNTY/STATE/COUNTRY If you RENT your home: Favorite film Jazz (Classic) Last film seen__ VAGINAL OINDUCED OC-SECTION OADOPTION Jazz (Contemporary) OYES ONO Is your home \bigcirc A house \bigcirc An apartment Are you experienced? Anesthesia: ONONE OLOCAL OEPIDURAL OGENERAL Latin I hereby authorize release to us of all medical, dental and credit How many concerts do you attend per year?. How much is your rent? .. **Awards and Honors** Birth attended by New Age information. If accepted, I promise to uphold our standards. I Last two concerts attended_ Physician/Midwife/Nurse/Relatives/Other Oldies understand that failure to do so constitutes grounds for expulsion. If apartment, how many units total? Please list all honors, prizes and awards Complications at Birth OYES ONO Do you have perfect pitch? Opera you have received, with dates and If apartment, how many floors? APGAR score at birth 10 min. later 1 hour later YES No Press your right thumb If no, do you have relative pitch?.. Polska awarding institutions. If apartment, on what floor? against an ink pad and Weight at birth Ibs. oz. Gender at birth of M Rate your sense of rhythm from 1 (none) to 10 (superb): Pop then in the oval below. square feet If house, what size is lot?. When the application is complete, mail What musical instruments do you own?_ Punk Associated religious rite_ with all accompanying materials listed in Own laundry facilities? OYES ONo Reggae Do you play any musical instruments, or sing? YES No the instructions to: Baby book? YES No Soft Rock __Hours practice per week . If yes, specify ____ **Achievement/Experience** Soul Full-time parent until .Years of daycare . 65 Gates Street OYES ONO Do you play in a group? . Swing Framingham, MA 01702 Describe your proudest and most embarrassing moments: Daycare: At Home Family Group OYES ONO Do you perform publicly? ... Techno DO NOT FOLD THE Proudest:

YES No

What kind?

World

Zydeco

APPLICATION FORM

. OYES ONO

Are you paid for performing?

How often do you go dancing?

Spanking?

Most embarrassing:

Continue on reverse if necessary