# The Knowing Garden



# 2017-2018 Enrollment Application

*Applications should be sent to:* *Or:*

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| The Knowing Garden  4733 Torrance Blvd Box#324  Torrance CA 90503  *Please enclose a check for the application fee.* | learning@knowinggarden.org  310. 310 728 9337 (phone)  *A PayPal invoice will be generated upon receipt of emailed application.* |

*The TKG Application fee is $55. Thank You.*

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| Today’s Date: |  |

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| Student Information | |
|  | |
| Full Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Age as of June 2017 |  |
| Current Grade/Level: |  |
| Favorite Book: |  |

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| Parent/Guardian | |
|  | |
| Full Name: |  |
| Relationship to Student: |  |
| Email: |  |
| Phone: |  |
| Address, City & Zip Code: |  |
| Occupation/Employer/Location: |  |

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| --- | --- |
| Parent/Guardian | |
|  | |
| Full Name: |  |
| Relationship to Student: |  |
| Email: |  |
| Phone: |  |
| Parent/Guardian Information Continued | |
| Address, City & Zip Code: |  |
| Occupation/Employer/Location: |  |

*Please attach additional Parent/Guardian information as needed.*

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| School History *list most recent first, please include tutors* | | |
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| School: | Dates Enrolled: | Phone: |
| Complete Address: | | Teacher/Last Grade or level completed: |
|  | | |
| School: | Dates Enrolled: | Phone: |
| Complete Address: | | Teacher/Last Grade or level completed: |
|  | | |
| School: | Dates Enrolled: | Phone: |
| Complete Address: | | Teacher/Last Grade or level completed: |

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| Siblings and Their Schools | | | |
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| Name: | Birthdate: | School: | Current Grade or Level: |
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| Name: | Birthdate: | School: | Current Grade or Level: |
|  | | | |
| Name: | Birthdate: | School: | Current Grade or Level: |

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| Attending TKG |
| Why would you like your student to enroll? Why would you like to join The Knowing Garden Community? |
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| Does your child have any feelings about attending The Knowing Garden? *(not required)* |
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| What skills and talents would you like to share with our community? How often would you like to work in the classroom? Work outside the classroom? If time is limited, how would you like to stay involved? |
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| Please describe your own relationship with school. Share about your student’s school experience up to now: | |
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| Your Child, His/Her Environment and You |
| Please describe your child: |
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| What does your child like to do? What keeps his/her interest fully engaged? | |
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| |  | | --- | | How do you support self-direction or autonomy? How do you support limits? | |  |  |  | | --- | |  |  |  | | --- | | Please tell us about your family and your community: | |  |  |  | | --- | |  |   How did you hear about The Knowing Garden? | | |
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| Health Considerations |
| Please note allergies, medications (including medication therapy), restrictions, etc. Please include names and dosage of all medications: |
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| Has your child had any major illness/surgery/trauma of which the school should be informed? If yes, please outline below: |
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| Has your child been recommended for evaluation, been evaluated or identified as having learning differences, developmental or motor delays, visual, auditory or other sensory processing difficulties (ADD, ADHD, Autism (ASD), OCD, etc.)? Please provide details: |
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| Does your child see any specialists? Has your child seen any specialists?  Do you suspect that your child may have any of the above learning experiences? Please include the name of any specialists and describe protocols or plans: |
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| Signature | |
| I certify that all information that I have provided on this application is accurate and authorize the release of all information from our specialists and teachers to the teachers and administrators at The Knowing Garden Community School. | |
| Parent/Guardian  Name (printed) |  |
| Signature |  |
| Parent/Guardian  Name (printed) |  |
| Signature |  |
| Date |  |

## \*Failure to disclose information could result in the withdrawal of your child and tuition forfeiture. If student needs require additional support staff, there will be additional fees for providing extra assistance and accommodations in the classroom.

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| Administrative Records | | |
| Application Fee: | Payment ID | Date Received |
| School Visit: | Home Visit: | Admin Meeting: |