# The Knowing Garden



# 2014-2015 Enrollment Application www.KnowingGarden.org

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| Student Information |
|  |
| Full Name: |  |
| Date of Birth: |  |
| Gender |  |
| Age as of June 2014 |  |
| Current Grade/Level: |  |
| Phone Number: |  |

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

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

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

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| Siblings and 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 child to attend The Knowing Garden? |
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| Does your child have any feelings about attending The Knowing Garden? (not required)  |
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| Tell Us About Your Child, His/Her Environment and You |
| Please describe your child: |
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| What does your child like to do?  |
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| Do you have any special interests that you would like to share with the school (gardening, sports, computer skills, sewing, cooking, dancing, etc)?  |
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| How did you hear about The Knowing Garden?  |
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| Health Considerations:  |
| Please note allergies, medications, restrictions, etc.: |
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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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| Does your child see any specialists? Has your child seen any specialists?  Are you considering seeing a specialist currently? (speech, sensory-motor, psychotherapist, etc.): |
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| Signature |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

*Please send applications to:*

*The Knowing Garden, 4733 Torrance Blvd Box#324, Torrance CA 90503 or learning@knowinggarden.org. $40 Application Fee payable by check or PayPal.*

*Thank You.*

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