



ENROLLMENT APPLICATION

CHILD: _____
FIRST (NICK-NAME) MIDDLE LAST

_____ BIRTHDAY AGE PLACE OF BIRTH

ADDRESS: _____

CHILD LIVES WITH: _____

(NAMES AND RELATIONSHIP OF ALL WHO LIVE IN THE HOUSE)

DAYS OF ATTENDANCE: (CIRCLE DAYS) MON TUE WED THU FRI

PARENT/GUARDIAN 1:

PARENT/GUARDIAN 2:

NAME _____

NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

CELL PHONE _____

CELL PHONE _____

OCCUPATION _____

OCCUPATION _____

COMPANY _____

COMPANY _____

EMAIL _____

EMAIL _____

TALENTS _____

TALENTS _____

EMERGENCY CONTACT PERSONS:

NAME _____

DAY TIME PHONE _____

NAME _____

DAY TIME PHONE _____

**SEND THIS FORM AND APPLICATION FEE OF \$ 275.00 TO:
NATURAL LEARNING SCHOOL
1992 NELSON AVE MEMPHIS, TN 38104**

THE NATURAL LEARNING SCHOOL WELCOMES ALL PEOPLE. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, AGE, COLOR, SEXUAL ORIENTATION, RELIGION, NATIONAL AND ETHNIC ORIGIN IN THE ADMINISTRATION OF OUR EDUCATIONAL POLICIES, RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED AND MADE AVAILABLE TO STUDENTS AT THE SCHOOL.



PERMISSION FORM

CHILD: _____

PERMANENT AUTORIZATION FOR PICK-UP:

I HEREBY GIVE PERMANENT PERMISSION TO:

FOR PICKING-UP MY CHILD, AND UNDERSTAND THAT IS MY RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGE.

PARENTS SIGNATURE: _____

MEDICAL RELEASE:

I HEREBY GIVE PERMISSION FOR MY CHILD TO RECEIVE FIRST AID ASSISTANCE WHEN NECESSARY AND BE TAKEN TO A HOSPITAL, (IN CASE OF NEITHER PARENT CAN BE REACHED).

PARENTS SIGNATURE: _____

PARTICIPATION RELEASE:

I HEREBY GIVE PERMISSION FOR MY CHILD TO ACCOMPANY HER/HIS CLASS ON FIELD TRIPS AUTHORIZED BY THE STAFF.

PARENTS SIGNATURE: _____

IMAGE USE RELEASE:

I HEREBY GIVE PERMISSION FOR MY CHILD TO BE INCLUDED IN ANY IMAGE RECORDING (PICTURE OR MOVIE) CONNECTED WITH THE SCHOOL'S PROGRAM. I UNDERSTAND THAT THOSE IMAGES MAY BE USED AS DOCUMENTATION ON THE SCHOOL'S WEBSITE.

PARENTS SIGNATURE: _____

FIELD TRIP INSURANCE RELEASE:

I HAVE INSURANCE TO COVER MYSELF AND MY VEHICLE WHEN DRIVING ON FIELD TRIPS FOR NATURAL LEARNING SCHOOL

PARENTS SIGNATURE: _____

SUMMARY LICENSING REQUIREMENTS AND SCHOOL POLICIES:

I HAVE RECEIVED A COPY OF THE DHS SUMMARY OF LICENSING REQUIREMENTS AND OF THE NATURAL LEARNING SCHOOL PARENT HANDBOOK CONTAINING THE SCHOOL'S POLICIES.

PARENTS SIGNATURE: _____



DEVELOPMENTAL SOCIAL HISTORY

CHILD: _____

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES?

DOES THE FAMILY HAVE PETS? IF SO, WHAT ARE THEIR NAMES?

HOW MUCH TV DOES YOUR CHILD WATCH DAILY? _____ HOURS
WHAT ARE HIS/HERS FAVORITE SHOWS?

HOW WOULD YOU DESCRIBE YOUR CHILD?

WHAT METHODS OF DISCIPLINE ARE MOST EFFECTIVE FOR YOU?

IS YOUR CHILD FRIGHTENED BY ANYTHING? DESCRIBE.

WHAT COMFORTS YOUR CHILD WHEN SHE/HE IS UPSET?

WHAT IS YOUR CHILD'S SLEEPING PATTERN?

BED TIME: _____ WAKE-UP: _____ NAP: _____

HAS YOUR CHILD EVER ATTENDED ANY OTHER PROGRAM?

WHERE? _____

HOW DID HE/SHE FEEL ABOUT IT? _____

HOW DOES YOUR CHILD GET ALONG WITH OTHER CHILDREN? _____

HAS YOUR CHILD EXPERIENCED ANY CHANGE IN HIS/HER FAMILY LIFE IN THE PAST YEAR? (MOVING, NEW BABY, DEATH IN FAMILY, DIVORCE, ILLNESS, ETC)

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

WHY DID YOU CHOOSE TO ENROLL YOUR CHILD AT OUR SCHOOL?

WHAT EXPECTATIONS DO YOU HAVE FOR YOUR CHILD?

WHAT EXPECTATIONS DO YOU HAVE FOR OUR SCHOOL AND STAFF?

HEALTH HISTORY

HAS YOUR CHILD HAD ANY HEALTH PROBLEMS IN THE PAST?

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS NOW?

DOES YOUR CHILD HAVE ANY ALLERGY? IF SO, DESCRIBE IT.

DOES YOUR CHILD TAKE ANY MEDICINE REGULARLY? IF SO, WHAT?

HAS YOUR CHILD EVER HAD SEIZURES?

DO YOU SUSPECT OR KNOW OF DISABILITY ON YOUR CHILD? (SUCH AS HEARING, SEEING, SPEAKING, MOVING, DEVELOPING, BEHAVING)?

DO YOU HAVE ANY OTHER CONCERNS ABOUT YOUR CHILD'S HEALTH?

DATE: _____

PARENTS NAMES: _____

PARENTS SIGNATURE: _____