



Chia Seed  
Learning Center

PRIMARY PROGRAM

Admission Process Forms

4 / 4

Please return this application along with a \$100.00 non refundable fee.  
For identification purposes, please attach a family snapshot.

Application for:  Fall  Summer Today's date \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

FAMILY INFORMATION

Parent #1 \_\_\_\_\_

E-mail \_\_\_\_\_ Work phone \_\_\_\_\_

Name of firm / company \_\_\_\_\_ Position \_\_\_\_\_

Nature of business \_\_\_\_\_ Number of years \_\_\_\_\_

Business address \_\_\_\_\_

Processed  Charged  Approved  Notified  Enrolled

Parent #2 \_\_\_\_\_

E-mail \_\_\_\_\_ Work phone \_\_\_\_\_

Name of firm / company \_\_\_\_\_ Position \_\_\_\_\_

Nature of business \_\_\_\_\_ Number of years \_\_\_\_\_

Business address \_\_\_\_\_

**SIBLINGS**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

**FURTHER INFORMATION**

PREVIOUS SCHOOLS (List starting with most current school)

School \_\_\_\_\_ Years \_\_\_\_\_ Teacher \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Years \_\_\_\_\_ Teacher \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Years \_\_\_\_\_ Teacher \_\_\_\_\_

Phone \_\_\_\_\_

**HEALTH INFORMATION**

*Check one, if other than "good" please attach explanation.*

Good     Minor problems (allergies, injuries)     Major problems (chronic illness or ongoing treatment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child received , or is he/she now receiving, special tutoring, counseling or therapy?

No     Yes *If yes, please list name of specialist, nature or concern and dates of*

Service \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Date of service \_\_\_\_\_

Service \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Date of service \_\_\_\_\_

Service \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Date of service \_\_\_\_\_

**PARENT PARTICIPATION**

Active parent involvement provides a model for service and citizenship in the broader community. Please indicate the ways in which you are willing to participate in the life of Chia Seed Learning Center.

At Chia Seed Learning Center we produce yearly performances. Please let us know if you are able to participate in the following:

- Program Design
- Stage Design
- Filming
- Editing
- Sound Installation
- Make-up Design
- Costume Design
- Photography
- Annual school picnic planning and coordination
- Occasional Volunteering as needed

What other schools are you applying to? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of parent or guardian*

## QUESTIONNAIRE

To help us better understand the needs of your child and your family please take the time to answer the following questions and submit them with your application.

a) Please list your child's previous childcare or other activities since birth:

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b) How does your family enjoy spending time together?

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c) How do you discipline your child?

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d) What delights you most of your kid?

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e) What is the greatest challenge with your kid?

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f) Do you have any experience with The Mandarin learning or Montessori approach?

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g) What expectations do you have from the school?

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h) Specify any special educational, physical or emotional needs of your child.

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i) Anything else that you would like to let us know?

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