



## Enrichment Program Application for Admission

The most successful educational experience for the child comes when home life and school life work in a harmonious fashion, providing a solid base from which the child can be in the world. This is what we strive for here at City Of Fountains School. As you answer the questions below, please understand that these questions are helpful for our teachers, in understanding your child's personality, and we can help the child integrate into school if we know more about your family life.

*The child's development of creativity happens when they can picture, envision and see inwardly. Studies show that this delicate ability is overwhelmed by the bombardment of media, in all its forms. Therefore, we ask you about your media usage. This is not a test, just a way to understand your child and family better.* Thank you for taking the time to assist us in getting to know you and your child!

Our enrichment program is on *Fridays*.

\*If applying to *Friday kindergarten*, please fill-out a kindergarten application\*

### Applicant (Child) Information

\_\_\_\_\_

Full Name

\_\_\_\_\_

Preferred Nickname

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Race (optional):

Male  Female  Other/ Non-Binary Notes: \_\_\_\_\_

Has this student applied to City of Fountains School before? Yes No

Which year? \_\_\_\_\_ Which program? \_\_\_\_\_

### Parent/Guardian Information

\_\_\_\_\_

Parent/Guardian 1  Mr.  Mrs.  Ms.

\_\_\_\_\_

Parent/Guardian 2  Mr.  Mrs.  Ms.

Sole legal custody  Joint legal custody of student

Sole legal custody  Joint legal custody of student

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

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Home Phone

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Home Phone

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Occupation or Position

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Occupation or Position

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Place of Employment

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Place of Employment

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Work Phone

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Work Phone

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Cell Phone

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Cell Phone

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Email Address

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Email Address

Alternate Emergency Contact #1

Alternate Emergency Contact #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Mobile \_\_\_\_\_

Phone: Mobile \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

OK to pick up child from school? Yes\_\_ No\_\_

OK to pick up child from school? Yes\_\_ No\_\_

**Family Information**

Applicant's Sibling(s):	Birth Date	School Attending	Grade Level
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Please describe the applicant's relationship with his/her siblings:

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We have all different levels of reading and writing ability in the enrichment program. In order to be able to meet the individual needs of your child please rate their

reading ability    1 = very little to none    2    3    4    5 = proficient

writing ability    1 = very little to none    2    3    4    5 = proficient

Can your child write his/her name? \_\_\_\_\_ Can your child listen to and follow a two step direction? \_\_\_\_\_

Does your child enjoy making art? \_\_\_\_\_ Singing? \_\_\_\_\_ Playing group games? \_\_\_\_\_

What do you feel are your child's areas of strength, and what areas you would like to help your child develop further?

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What challenges has your child had in any classroom/ class setting environments that he/she has been involved in?

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What are some of the techniques that your family has implemented to support your child in their challenges in a classroom/ or class setting?

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Describe any academic support or accommodations received in the past and/or needing currently.

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Does your child have any particular hobbies, special interests, or out of school activities?

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In preparation for further enrollment discussions, has your child had a history of aggressive behavior in a previous placement, or have program or school staff identified either behavioral or academic concerns for your child? If so, please describe.

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Is there any additional information you would like to share with the enrollment committee in regard to any academic, physical, medical or other issues/needs that your child has? (All enrolled students will be asked to submit a confidential medical history form)

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Check here if your child has ever had a psychological evaluation, IEP, or 504 Service Agreement. (You must send copies of these documents along with this application.)

**Financial Information**

Check here if you intend to apply for need-based tuition assistance / financial aid.

Application for need-based tuition assistance / financial aid is a separate process and in no way affects admission decisions. Please print the tuition assistance application and return with this form. Feel free to contact the admissions office with any further questions about this.

**General Information** A nonrefundable fee of \$50 (per **new** family) must accompany this application. Applicants are considered for admission without regard to race, religion, ethnic origin, or gender.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_