Program Application

STUDENT INFORMATION

Name: _____ **Gender (Circle one): Male / Female**

Birth date: _____ **Grade Level: _____**

Most Recent School Name: _____ **Dates Attended: _____**

Allergies: _____

Medical Needs: _____

We are excited that you are interested in our LEAD Homeschool Enrichment program and we look forward to getting to know you and your family better. Thank you in advance for taking the time to thoroughly fill out this information so we can interpret the most beneficial way to come alongside you and your family in your homeschooling journey.

Please outline the most special characteristics about your child? _____

_____

_____

Please describe your child as a student: _____

_____

_____

What significant challenges (personal, behavioral or academic) have you observed or helped your child overcome?

_____

_____

_____

What challenges (personal, behavioral, or academic) are noticed and still difficult for your family to overcome? _____

_____

_____

What personal hobbies or interests does your child enjoy the most? With their free time, what activities do they engage in? _____

_____

ACADEMIC LEARNING

What curriculum material has been used / helpful in teaching your child for each subject?

_____

_____

_____

Does the age of your child align with their level of grade? _____

Grade expected for the academic year of enrollment _____

If no, Please expound: _____

_____

Which subjects are the most natural for your child? _____

Which subjects are the most difficult for your child?

_____

Explanation/Comment: _____

_____

Any tips or tricks that can assist with learning habits or learning disabilities?

_____

_____

Have you been able to identify the style of learning that best suits your child?

Visual - Auditory - Kinesthetic - Written(Reading)

Please share ideas to help facilitate the learning of your child based on their style of learning:

_____

_____

Has your child ever been suspended or expelled from a school or enrichment program? YES NO

If YES, please explain in detail (attach additional page if needed): _____

_____

PROGRAM INTEGRATION

Please outline the reason(s) you wish to join the program: _____

_____

_____

Is your child able to sit and focus for the stated period of time at their age level?

Ages 5-6: 15 Minutes Yes No

Age 7-8: 30 Minutes Yes No

Age 9-10: 45 Minutes Yes No

Age 11+: Independent work for 30 minutes

Comments: _____

Do you expect that your child will respond appropriately to the instruction and re-direction of our staff, if needed? _____

Helpful Tips for Redirection _____

How does your child respond to disappointment? _____

_____

Regarding social interactions, are there concerns or struggles for your child?

_____

_____

How would you expect your child to act in a disagreement with another student over an item of play?

_____

_____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Phone # _____

Address: _____ E-mail Address: _____

_____

Mother's Name: _____ Phone # _____

Address: _____ E-mail Address: _____

_____

Other Guardian: _____ Phone # _____

Address: _____ E-mail Address: _____

_____

EMERGENCY CONTACT (other than listed above)

Name: _____ Relationship to Student: _____

Phone Number: _____ Alternate Phone # _____

Thank you for applying! If you are new to homeschooling or are seeking some encouragement, we recommend these two books:

***For The Children's Sake* by Susan Schaeffer Macaulay**

***Teaching from Rest: A homeschoolers guide to unshakable peace* by Sarah Mackenzie**

Submission and Payments

Please submit this application along with a signed acknowledgement of our Statement of Faith (attached) and a $250 deposit by August 15. The enrollment will be secured after receipt of the deposit, which is non-refundable but applied directly to tuition on September 1.

Applications and deposit monies can be mailed to:

LEAD Program
1900 Highway 135

Gunnison, CO 81230

You may also submit the application via email to the LEAD Director at:
learn.enrich.discover@gmail.com

Payments can be submitted by check, by venmo or through our QuickBooks link.

**There is a $2.50 fee for processing via the Quickbooks link.*

QUICKBOOKS QR CODE

VENMO :



LEAD Program

Statement of Faith

Please read, sign, and date to acknowledge and accept that these are the beliefs under which this program will be operating. We have no restrictions on the faith background of families who are interested in this program, but we do require that our faith position be acknowledged.

Apostles' Creed

We believe in God, the Father Almighty, Creator of heaven and earth. We believe in Jesus Christ, his only Son, our Lord. He was conceived by the power of the Holy Spirit and born of the Virgin Mary. He suffered under Pontius Pilate, was crucified, died, and was buried. He descended to the dead. On the third day he rose again. He ascended into heaven and is seated at the right hand of the Father. He will come again to judge the living and the dead. We believe in the Holy Spirit, the holy universal Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and life everlasting.

Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____


LEARNING * ENRICHMENT
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