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**Harvest Foundational Learning Center Application**

Fall 2020

**Student Information**

Student First Name Student Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender

Male\_\_\_ Female\_\_\_ Non-binary\_\_\_ Prefer not to answer\_\_\_

Student Date of Birth Home Language(s)

\_\_\_/\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity

Select all that apply

* Asian
* Asian Indian
* Black or African American
* Native American and Alaskan Natives
* Native Hawaiian and Other Pacific Islanders
* White/Caucasian
* Other

Current School Current Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Household Information**

Street address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/Region

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**

Parent/ Guardian 1

First name Last name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions**

Does the applicant have siblings?

* Yes
* No

Please tell us about your expectations for your child’s education and what you are looking for in Harvest Foundational Learning Center.

Please tell us about your child’s social and academic level and needs.

Please share with us your child's daily routine, personality and areas of interest.

Is your child currently under the care of a physician, psychiatrist, psychologist or therapist?

* Yes
* No

Does your child have any allergies or learning differences?

* Yes
* No

Is there anything else you would like us to know about your child?

Student Photo and Birth Certificate

*\*attach copy*

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_