



The King's Academy Discovery Program
Teach Application
School Year _____

Name of Student _____ Date _____

Birth date _____ Age _____ Gender M \ F Grade (application year) _____

Father _____ Occupation _____ Work Phone _____

Email _____ Cell Phone _____

Mother _____ Occupation _____ Work Phone _____

Email _____ Cell Phone _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

If the TKA Discovery Program is full your child's name will be placed on a waiting list.

Family History

Child is living with:

___ biological father ___ step-father ___ adopted father ___ grandfather

___ biological mother ___ step-mother ___ adopted mother ___ grandmother

___ legal guardian ___ other: _____

Since the child's birth there has been:

___ death in the family ___ remarriage of mother

___ separation ___ remarriage of father

___ divorce ___ other trauma

Reaction of child:

I (We) Give PERMISSION TO:

1. Allow the child's Teach session to be recorded for the purpose of evaluation and/or training of TKA Discovery therapists.

Signature: _____

2. Allow the child's picture to be used on a brochure, display, or web site for the purpose of providing information about the Search and Teach program.

Signature: _____

3. Allow the child's session to be observed by a prospective parent for the purpose of answering questions about the nature of Search and Teach.

Signature: _____