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PLEASE READ THE FOLLOWING DIRECTIONS PRIOR TO COMPLETING THE APPLICATION.

- Print in black or blue ink.
- Submit all printed material on 8.5" x 11" paper.
- Use additional pieces of paper as needed.
- Submit one copy of all elements.

APPLICATIONS MUST BE RECEIVED BY: **MONDAY, JANUARY 4, 2016**

Part I. General Information

Applicant

First Name _____ Last Name _____

Gender: Male ___ Female ___ Other ___ Birth Date (Year & Month) _____ U.S. Citizen? Yes ___ No ___

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian 1

(Please circle one) Ms. Mrs. Mr. Dr. First Name _____ Last Name _____

Relationship to Applicant _____ Education completed: High School__ College__ Post grad__

Cellular Phone (_____) _____ Home Phone (_____) _____

Work Phone (_____) _____

Home Address _____ City _____ State _____ Zip _____

Email _____

Occupation _____ Employer _____

Parent/Guardian 2

(Please circle one) Ms. Mrs. Mr. Dr. First Name _____ Last Name _____

Relationship to Applicant _____ Education completed: High School__ College__ Post grad__

Cellular Phone (_____) _____ Home Phone (_____) _____

Work Phone (_____) _____

Home Address _____ City _____ State _____ Zip _____

Email _____

Occupation _____ Employer _____

What language(s) is spoken at home? _____

How did you find out about Academy? _____

Part II. School Information & Academic/Personal History

Has your child attended any pre-school/child care center programs to date? If so, please indicate below:

What was the nature of his/her attendance? (Select all that apply)

Days/Week:

5 days/week 4 days/week 3 days/week 2 days/week 1 day/week

Hours/Day:

1-4 hours/day 5-8 hours/day 9 or more hours/day Other: _____

Has your child been identified as gifted by an independent tester? Yes _____ No _____

Has your child been identified as twice-exceptional? Yes _____ No _____

If yes, please elaborate: _____

Does your child have any learning/social/emotional needs we should know about? Yes _____ No _____

If yes, please elaborate: _____

Part III. Tell Us About Your Child

1. To the best of your knowledge, which of the following are true with regard to your child's development?

	<u>True</u>	<u>Somewhat</u>	<u>Not True</u>	<u>Unsure</u>
He/She was able to name objects (e.g., ball, doll, dog, etc.) <u>before</u> one year old	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Had a 30+ vocabulary at 12 Months old	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Spoke 3 word sentences at 12 Months old	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Had an unusually long attention span relative to other infants & toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taught him/herself to read <u>before</u> age 4.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Could count objects to 5 by 18 months	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>

2. List three activities that your child really enjoys doing.

3. Relative to other children his/her age, describe two or three things that your child does that you feel are more "advanced" than his/her same-age peers. Please be as specific as possible.

4. Why do you feel that these things are “advanced”?

The following list includes a variety of personal attributes, skills and behaviors that may be characteristic of your child. **Please describe the extent to which the following behaviors are characteristic of your child.**

Attention Span, Concentration & Memory

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Persists at difficult activities for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insists on “finishing” one task before moving on (regardless of what peers are doing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows 4-5 step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recalls how to do something after one explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in ONE activity for at least 45 minutes before losing interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intellectual Style & Interests

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Has great depth of knowledge in one/two areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has many interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks a lot of questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is highly observant (regularly notices / remembers very small details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is extremely interested with “why” things happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns new things (of interest) quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows an intense fascination with numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Imagination & Creativity

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Generates unusual comparisons and categorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has elaborate conversations with toys/imaginary friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solves problems in unconventional ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an unusual/highly imaginative sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generates alternative endings to stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modifies or creates new rules for existing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personality & Social Awareness

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Desires order in things (toys, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys being active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unusually sensitive to loud sounds, unusual textures,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a perfectionist (e.g., can't "quit" doing something until it is "perfect")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays interactively with other children (takes turns, shares, suggests games, initiates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a strong sense of justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to complex emotions (excitement, fear, range of sadness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers the company of adults and/or older children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a great deal of compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to collect and organize things (e.g., rocks, race cars, toy/stuffed animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the extent to which your child displays the following specific skills and knowledge.

Language & Comprehension

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Relates experiences with elaborate details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly uses extensive/complex vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retells stories with proper grammar & sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys playing with word sounds/meanings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks appropriate questions to clarify understanding of story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading & Writing

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Reads books that are above age-level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sounds out and spells simple words correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes sentences with upper/lower case letters, correct punctuation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematical/Scientific Concepts

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Understands "estimates" (can tell you whether 22 or 26 is closer to 25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does basic addition "in head" (If I have 4 pencils and I get two new ones I will have 6).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determines missing number in simple addition ($2 + x = 11$).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows the value of coins & what combinations make certain values (e.g., penny + dime = 11¢)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies complex shapes in different orientations (e.g., rectangle, hexagon, oval)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predicts and completes complex patterns (of shapes, numbers, letters, objects, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies numerical relations (e.g., 28 is greater than 26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes U.S. states & relations to each other - knowledge of capitals/big cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies instrument to measure weight, size, length, time, volume, temperature, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Large & Small Motor Coordination

	<i>Extremely Characteristic</i>	<i>Somewhat Characteristic</i>	<i>Not at all Characteristic</i>	<i>Unsure</i>
Cuts out objects with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can throw a ball to target from 30 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draws a face w/ eyes, nose, mouth, & other detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can catch a ball from 30 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ties own shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any other learning/social/emotional needs we should know about? Yes _____ No _____

If yes, please elaborate: _____

Part IV. Medical History & Release

1. Does your child have any medical conditions? Yes _____ No _____

If yes, please explain: _____

2. Is your child currently under the care of a doctor? Yes _____ No _____

If yes, please explain: _____

3. Is your child currently taking medication(s)? Yes _____ No _____

If yes, please list the name(s) of medication(s): _____

4. Does your child self-administer or carry any medications? Yes _____ No _____

If yes, please specify: _____

5. Is your child allergic to any medications? Yes _____ No _____

If yes, please list the name(s) of medication(s): _____

6. Does your child have any major allergies (including food allergies)? Yes _____ No _____

If yes, please list the allergy/allergies and describe the severity: _____

7. Does your child have any special dietary needs? Yes _____ No _____

If yes, please list his/her dietary needs: _____

8. Does your child have any difficulties seeing or hearing? Yes _____ No _____

If yes, please explain: _____

9. Does your child suffer from any medical, physical, emotional or behavioral conditions which might affect his/her safety and involvement while at Academy? Yes _____ No _____

If yes, please specify: _____

HEALTH INSURANCE ** Please attach a copy (front and back) of your child's insurance card.

I have attached a copy of my child's insurance card. YES _____ NO _____

Insurance Type: (Please circle one) PPO HMO Other: _____

Provider: _____

Subscriber Name: _____

ID Number: _____

Group Number: _____

PHYSICIAN'S NAME: _____ Organization: _____

Address: _____

Primary Phone: () _____ Secondary Phone: () _____

IF A LEGAL GUARDIAN OR THEIR DESIGNEE CANNOT BE REACHED;

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.

PARENT'S INITIALS: _____ DATE: _____ PARENT'S SIGNATURE: _____

Please provide an alternate emergency contact *other than yourself*.

Emergency Contact: _____ Relationship to Student: _____

Primary Phone: () _____ Secondary Phone: () _____

PLEASE LIST ALL OF THE NAMES OF ADULTS AND/OR CAREGIVERS THAT WILL BE RESPONSIBLE FOR PICKING UP AND DROPPING OFF THE STUDENT(S) DURING THE DURATION OF THE PROGRAM. Please note that any other adults not listed will not be permitted to leave the IEA site with the student unless authorized by the student's primary parent and/or guardian.

Part VIII. Photo, Video, Transportation & Liability Release

Photo and Video Release

We give permission for our child to be videotaped, photographed, and interviewed for broadcast or publication, and/or to have a sample of his or her work broadcast or published for current and future *Academy* classes. We understand that IEA will exercise discretion regarding media contact.

Transportation Release

We hereby acknowledge and understand that our child may be transported during any current or future *Academy* classes by staff members of IEA. The staff members are fully insured and will be operating either their own or

rental vehicles. In addition, IEA reviews the driving record from the Department of Motor Vehicles for each driver prior to the start of the Program.

Liability Release

We assume full responsibility for all risk of injury or loss which may result from participation in any current and future classes at the *Academy* and agree to hold harmless, release and forever discharge IEA, its contributors and their respective officers, directors, agents and employees. We agree to waive any and all claims and demands whatsoever which we, our child or any third party may now or hereafter have against any IEA party by reason of accident, illness, injury or death to persons, or damage to, or loss of any property, arising or resulting directly or indirectly from our child's participation in this Program.

We have read and understood the above statements, and we hereby agree to all of the foregoing terms and conditions.

Student Name: _____

Name of Parent/Guardian 1: _____

Signature of Parent/Guardian 1: _____

Name of Parent/Guardian 2: _____

Signature of Parent/Guardian 2: _____

Part V. Signature

Parent or Guardian: Please sign below to indicate that, to the best of your knowledge, all of the information in this application is accurate and true and that you understand that the decision of the *Academy* Coordinator is final.

Signature _____ Date _____

Would you like to receive information regarding other programs and services that support highly able students?
YES _____ NO _____

All applications must be received **on or before Monday, January 4, 2016**.
Please submit your application via post, email, or fax to our main offices:

INSTITUTE FOR EDUCATIONAL ADVANCEMENT
569 SOUTH MARENGO AVENUE, PASADENA, CA 91101
PHONE: 626-403-8900 FAX: 626-403-8905
ACADEMY@EDUCATIONALADVANCEMENT.ORG

Please note that all classes will be held at:
1477 SAN MARINO AVENUE
SAN MARINO, CA 91108
626-564-2803

Part VI. Course Selection

Deep Learning Quarter classes meet twice per week on Mondays and Wednesdays for eight weeks, beginning **Monday, January 11th through Wednesday, March 2nd**. Class will not be held on Martin Luther King, Jr. and President's Day holidays.

✓	Days	Start	End	Deep Learning Quarter Class	Tuition
<input type="checkbox"/>	Mon. & Wed.	12:30PM	1:30 PM	A Journey Through the Animal Kingdom: From Dinosaurs to Present Day (Pre-K)	\$415

Part VII. Payment & Discounts

DISCOUNTS:

- **Referral Discount:** Receive a one-time \$25 discount when you refer a friend (both students must be enrolled in the Winter 2016 session in order for the referring family to receive the discount).
 - Name of Referred Student: _____
- **Sibling Discount:** Receive a 10% discount for each sibling enrolled in the Winter 2016 session.

FINANCIAL AID:

Payment plans and financial aid available. Please contact Academy@educationaladvancement.org for more information.

Payment: Total Amount Due: \$ _____
 Payment method: Check (Made payable to *Institute for Educational Advancement*)
 Credit card (Visa or MasterCard)

For Credit Card Payments: Card number: _____

Card validation code (Three digit number on the back of the card): _____ Expiration date: _____

Amount to be charged: \$ _____

Cardholder's name (as it appears on the credit card):

First Name (please print legibly) _____ Last Name _____

Cardholder's billing address (must match credit card billing address):

Street _____ Apt. _____

City _____ State _____ Zip _____

Email _____ Cell _____

Cardholder's signature: _____

The *Institute for Educational Advancement* is a 501(c)(3) nonprofit organization and relies on the support of foundations, corporations, and individuals like you to provide our programs and services to bright, deserving young minds. If you would like to make a contribution to help students in need, please enclose a check made payable to the *Institute for Educational Advancement* with "Scholarship" on the memo line of the check. Or, you may indicate the amount you would like to donate on this credit card form. Donations of any amount are greatly appreciated.

Contribution to Scholarship Fund \$ _____

Academy Policies and Procedures

- Please arrive to class on time. If your child is going to be late, please notify us by calling our San Marino office at (626) 564-2803 or our Pasadena office at (626) 403-8900.
- Please ensure you pick your child up promptly at the end of class. Instructors are required to remain 15 minutes after class, but no longer. If you arrive later than this, a charge will be applied.
- For known absences, please notify us by calling our main office at (626) 403-8900.
- Please do not allow your child to run on site.
- No monetary credit or make-up session will be offered if your child misses a class.
- Cancellation & Refund Policy: Full refunds will be issued to students who withdraw before the second class meeting. No refunds for withdrawals after the second class meeting.
- If instructors are sick or need to tend to an emergency, class days and times may change. We will send you any status updates regarding classes as soon as possible.

Standards of Student Conduct

CODE OF CONDUCT

The highest standards of behavior are expected from the *Academy's* students both in personal deportment and in dedication to academic pursuits. The *Academy* expects students:

- to respect individuals of different races, cultures, religions, genders, disabilities and national origins
- to behave in a friendly, cooperative and responsible manner toward all persons in the *Academy*
- to be responsible for one's own actions
- to be motivated
- to maintain a sense of curiosity and pride with the task at hand
- to behave in an honest and trustworthy manner
- to adhere to all rules and directions given by staff

PROHIBITED ITEMS

The following is a list of items students are prohibited from bringing to the sites:

- weapons of any kind, or any toys that look like weapons
- any flame-producing device (including matches, lighters and firecrackers)
- pets of any kind
- all electronic devices except those deemed necessary by instructors

DISMISSAL POLICY

The *Academy* cannot accommodate students who are unable to live up to the expectations set forth in the Code of Conduct. Violation of any of the policies may result in immediate dismissal. No refunds will be made to students dismissed from the *Academy*.

In addition, students may be dismissed from the *Academy* for the following reasons:

- not attending to their work in a satisfactory manner
- cheating, plagiarizing or committing other acts of academic dishonesty
- vandalism or theft
- engaging in disruptive behavior
- leaving the classroom unaccompanied by a staff member
- being in restricted areas unaccompanied by a staff member
- any violation of the safety or well-being of any person

We have read the Code of Conduct policies. We understand our responsibility to abide by the program requirements outlined above and that failure to comply may result in suspension and/or expulsion from the program.

Parent Signature _____

Date _____

Child Signature _____

Date _____