



**Kishami Academy LLC**  
Teaching you into a better future

## Philosophy for Learning

Kishami Academy LLC is a research school. This means that all teachers and students are constantly learning and improving themselves. We learn from each other through the different situations and environments we find ourselves in. Teachers engage in constant research to address issues that arise and will experiment with different ways of teaching that may seem untraditional in order to find ways to enhance the learning and development of each student. In addition, Kishami Academy LLC often enlists the students themselves in helping to discover ways that will help them grow. They are actively engaged in the experiment process as well.

Here are some examples of research based learning being applied in the classroom:

- The use of gym equipment to assist the brain in growth, connectivity, and regulating emotions
- Bridging program that aids the interaction between the brain's hemispheres allowing optimum performance of the brain
- Differentiated seating
- Small group size and student-led academics (we really do meet your student where they are academically and move forward at their pace, we encourage them to search and find answers to their own questions and report back to the class)
- Frequent breaks to allow information to be stored and the brain to reset for the continued learning
- Being allowed to wander while thinking and working on problems
- Following student questions and focus on a subject to increase student learning and connections rather than following a strict lesson plan that can cause student interest to fade with inattention
- Technology used to teach students how to become competent in research and finding answers on their own
- A noticeable lack of worksheets and take home papers
- Addressing issues as they arise so that students can learn from each other and recognize they are not alone (this helps with stepping in another's shoes, mirroring, empathy, compassion, understanding themselves and others)
- Involving children in their own development through academics and collaborative troubleshooting.

If you are interested in some of the information that is behind what we do at Kishami Academy LLC, here are some books that are instrumental:

*Lost at School* by Ross W. Greene

*Disconnected Kids* by Dr. Robert Melillo

*The Smartest Kids in the World* by Amanda Ripley

*Understanding Intercultural Communication* by Stella Ting-Toomey & Leeva C. Chung

*The Development of Language* by Jean Berko Gleason & Nan Bernstein Ratner

*Action Research* by Craig A. Mertler

*The Dominance Factor* by Carla Hannaford, PhD.

*Indigo Children* by Lee Carroll & Jan Tober

*Teaching with the Brain in Mind* by Eric Jensen

*Brain Gym* by Paul E. Dennison, PhD. & Gail E. Dennison

2011 E Platte Ave.  
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661-236-6116 (Text Preferred)  
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**Rachel Widgren**  
Owner & Head Teacher



# Kishami Academy LLC

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## Enrollment Form

**Instructions:** Please print using black or blue ink. If extra space is needed, please use back of page. If you have any questions, please ask for assistance.

### A. STUDENT INFORMATION

1. Legal Name: (Last, First, Middle) \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
Sex/Gender:  Male  Female  Non-Binary  Trans Female  Trans Male  Other \_\_\_\_\_
2. Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Student's Cell Phone (if applicable) \_\_\_\_\_ **Text Accepted?**  Yes  No
4. Date of Birth: (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Place of Birth: (City/State/ Country) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
6. **Photography Release:**  
I will allow photographs of my child to be used in School-Related communications such as newsletters, school website, or classroom websites.  Yes  No

### B. PARENT/LEGAL GUARDIAN (with whom the student lives)

- Relationship to Student \_\_\_\_\_
1. Legal Name: (Last, First, Middle) \_\_\_\_\_
  2. Preferred Name: \_\_\_\_\_
  3. Primary Contact Phone \_\_\_\_\_ **Text Accepted?**  Yes  No
  4. Email Address \_\_\_\_\_
  5. Home Correspondence Language Preference **if not English** \_\_\_\_\_  
*NOTE: Translations will be done through Google Translate, if possible, so forgive any errors.*
  6. Highest Level of Education Completed  
 Not a High School Graduate  High School Graduate (GED)  
 Some College (up to AA)  College Graduate (BA)  
 Graduate School or Above (MA, PhD)  Decline to State or Unknown
  7. Does student live with this parent/guardian during complete school year?  Yes  No  
If No, please provide explanation \_\_\_\_\_

*If this is the result of a Court Order, please provide relevant portions so Kishami Academy LLC can stay in compliance.*

## B2. ADDITIONAL PARENT/GUARDIAN

Relationship to Student \_\_\_\_\_

1. Legal Name: *(Last, First, Middle)* \_\_\_\_\_

2. Preferred Name: \_\_\_\_\_

3. Primary Contact Phone \_\_\_\_\_ **Text Accepted?**  Yes  No

4. Email Address \_\_\_\_\_

5. Home Correspondence Language Preference **if not English** \_\_\_\_\_

*NOTE: Translations will be done through Google Translate, if possible, so forgive any errors.*

6. Highest Level of Education Completed

- |   |  |
|---|--|
| <input type="checkbox"/> Not a High School Graduate         | <input type="checkbox"/> High School Graduate (GED)  |
| <input type="checkbox"/> Some College (up to AA)            | <input type="checkbox"/> College Graduate (BA)       |
| <input type="checkbox"/> Graduate School or Above (MA, PhD) | <input type="checkbox"/> Decline to State or Unknown |

## C. HOME LANGUAGE SURVEY *(For cultural and Linguistic awareness within the classroom)*

1. Home Language of the Student

Which language did this student learn when they first began to talk?  English  \_\_\_\_\_

Which language does this student most frequently use at home?  English  \_\_\_\_\_

When language do adults use most frequently with this student?  English  \_\_\_\_\_

What language is most often used by the adults at home?  English  \_\_\_\_\_

Has this student attended school learning in a language other than English?  Yes  No

Please list languages student is familiar with: \_\_\_\_\_

2. Student's Ethnicity

Hispanic/Latino  African American/Black  Caucasian/White

American Indian/Alaskan Native  Asian  Pacific Islander

If you wish to explain, add details, or add additional ethnic affiliation, please explain: \_\_\_\_\_

## D. STUDENT EDUCATIONAL INFORMATION

1. Special Services

Was this student receiving special education at their previous school?  Yes  No

Did this student have a current IEP at his previous school?  Yes  No

Did this student have a Section 504 Plan at their previous school?  Yes  No

Has this student been identified for gifted and talented services (GATE)?  Yes  No

## 2. Previous School Information

Dates Attended	Grade Level/s	Name of School	City/State (Country--If not USA)

## E. ADDITIONAL SCHOOL AGE CHILDREN IN HOUSEHOLD *Please add additional children on back of page*

1. Name: *Last, First* \_\_\_\_\_  
 Birth Date: *Month/Day/Year* \_\_\_\_\_  Male  Female  
 Current school/grade: \_\_\_\_\_
2. Name: *Last, First* \_\_\_\_\_  
 Birth Date: *Month/Day/Year* \_\_\_\_\_  Male  Female  
 Current school/grade: \_\_\_\_\_

## F. EMERGENCY CONTACT INFORMATION *(Other than parent/legal guardian listed above)*

1. **Emergency** Contacts in event parent cannot be reached:  
 Name: *(Last, First)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_  
 Name: *(Last, First)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_
2. The school is authorized to release this student to the following persons in **NON-EMERGENCY SITUATIONS**  
*Parent verification must be made previous to release via phone call or in-person communication*  
 Name: *(Last, First)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_  
 Name: *(Last, First)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_

# Kishami Academy LLC

**G. MEDICAL INFORMATION** *A precaution required due to the physical activities and periodic field trips of Kishami Academy*

1. Allergies: \_\_\_\_\_

2. Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

3. Emergency Medical Treatment:

*In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.*

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

Preferred Hospital: \_\_\_\_\_

Medical Doctor: (name/phone) \_\_\_\_\_

Is your child covered by insurance?  Yes  No Insurance Carrier: \_\_\_\_\_

**H. HISTORY OF DIETARY RESPONSES AND SENSITIVITIES** *Please add additional information on back*

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

**I. ADDITIONAL INFORMATION** Please let Kishami Academy LLC know if there are any other details or information that you think would be of benefit for us to know so that we may best address your student's academic, social, mental, and physical needs. Thank you.

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

**J. SIGNATURE**

*I verify that the information contained in this document is true and correct to the best of my knowledge.*

X \_\_\_\_\_ Today's Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Student:  Parent  Legal Guardian  Other (specify) \_\_\_\_\_



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## Kishami Academy Program Liability Waiver

I, \_\_\_\_\_ release and forever discharge Kishami Academy LLC, Watford Wellness Works, and Rachel Widgren, from any and all liability claims and demands with respect to bodily injury, personal injury, illness, or changes in symptoms that may result from academic activities.

Please read and initial the following statements:

- \_\_\_\_\_ 1) I understand that Kishami Academy is an independent school and that Rachel Widgren does not have Colorado Department of Education oversight or insurance coverage.
- \_\_\_\_\_ 2) I understand that Kishami Academy is continually researching and educating the staff in new developments and programs to help clients grow as a whole being: physically, mentally, emotionally, and academically.
- \_\_\_\_\_ 3) I understand that I/my student will be instructed on safety precautions and rules meant to keep me/them safe in all aspects of the program and that
- \_\_\_\_\_ 4) I/my student is held responsible for following these instructions to maintain their own safety.
- \_\_\_\_\_ 5) I understand that a part of Kishami Academy LLC educational programs involves frequent field trips to Memorial Park, Pikes Peak Library District, and periodic activities outside of the school building.
- \_\_\_\_\_ 6) I understand that Kishami Academy primarily makes use of teacher vehicles for transportation and may occasionally use the Mountain Metro Transit System.

By signing this document, I aver that I have read, initialed, and understand each item above.

Client/Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Client/Parent/Guardian Signature: \_\_\_\_\_

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**Rachel Widgren**  
Owner & Head Teacher



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**Informed Consent for Examination & Treatment  
WATFORD WELLNESS WORKS**

**THE SPINE MECHANIC**

I, (print name) \_\_\_\_\_, request and consent to the performance of a physical examination and treatment by chiropractic adjustments and other chiropractic procedures on my dependent (print student name) \_\_\_\_\_, for whom I am responsible, by Dr. Kelley Watford, the licensed doctor of chiropractic at Watford Wellness Works/Kishami Academy LLC.

I acknowledge that chiropractic care has possible (and extremely rare) complications including by not limited to soreness, sprains/strains, fractures, dislocations, disc injuries, cerebral-vascular accidents, physiotherapy burns, or soft tissue injuries. There may be an audible "pop" or "click" as a result of joint movement.

I do not expect the doctor to anticipate all potential risks or complications and I wish to rely on the doctor to exercise clinical judgment in my dependent's best interest during the entire course of their care, based on the facts known at that time.

I understand that I, and my dependent, may speak to the doctor and ask questions about potential risks or any other concerns we may have **at any time**, including before I sign this acknowledgment and allow my dependent to receive any physical evaluations or treatments.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Contact Number \_\_\_\_\_ Dependent Date of Birth \_\_\_\_\_

**MARY STEPHENS MASSAGE**

I, (print name) \_\_\_\_\_, request and consent to the performance of a physical examination and treatment by massage therapy procedures on my dependent (print student name) \_\_\_\_\_, for whom I am responsible, by the licensed massage therapist at Watford Wellness Works/Kishami Academy LLC.

I understand that I, and my dependent, may speak to the doctor and ask questions about potential risks or any other concerns we may have at any time, including before I sign this acknowledgment and allow my dependent to receive any physical evaluations or treatments.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Contact Number \_\_\_\_\_ Dependent Date of Birth \_\_\_\_\_



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## School Fee Agreement & Payment Form

Kishami Academy LLC is an independent school. This means that the Academy is not a beneficiary of tax exemption, government grants, tax dollars, or Colorado Department of Education oversight. This Academy receives no government funding and thus requires a fee to attend. Additional fees may be required as follows:

- Basic school supplies needed during the school year for your child
- Field Trip fees that include entrance fees, food costs, and gas assistance. *NOTE: Most costs are covered by the family because Kishami Academy LLC is too small to obtain school group discounts. Also be it known that field trips with Kishami Academy LLC always welcome the entire family.*

My student \_\_\_\_\_ is attending Kishami Academy LLC for the 2020-2021 school year at the basic tuition of \$1000/month.

*Scholarship Tuition (if applicable):* \_\_\_\_\_ /month + Trade of \_\_\_\_\_

Payments are due monthly by the 10th of each month.

Month	Amt/Type	Date Paid	Signature of Receipt
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			

Date: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

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