



# Kishami Academy LLC

Teaching you into a better future

## Part-time/Tutoring 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. Primary Contact Phone \_\_\_\_\_ Text Accepted?  Yes  No
3. Email Address \_\_\_\_\_
4. Home Correspondence Language Preference **if not English** \_\_\_\_\_  
*NOTE: Translations will be done through Google Translate so forgive any miscommunication*
5. 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 |

2011 E Platte Ave.  
Colorado Springs, CO 80909  
661-236-6116 (Text Preferred)  
kishamiacademy@gmail.com

**Rachel Widgren**  
Owner/Head Teacher





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## E. 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)* \_\_\_\_\_

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)* \_\_\_\_\_

## F. 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: \_\_\_\_\_

## G. 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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Regarding (Student Name): \_\_\_\_\_

**Part-Time ENROLLMENT**

Attendance Times: \_\_\_\_\_

Tuition of \_\_\_\_\_/month is due by the 10th of each month

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tutoring ENROLLMENT**

Scheduled Times: \_\_\_\_\_

Tuition of \$25/hour is due daily, weekly, or a monthly total due by the 10th of each month.  
\_\_\_\_\_/hour    \_\_\_\_/week    \_\_\_\_/month

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bridging ENROLLMENT**

Scheduled Times: \_\_\_\_\_

Bridging is most beneficial with regular attendance and a commitment of three months.  
Tuition is due by the 10th of each month:    \_\_ 2x/week = \$200/month    \_\_ 3x/week = \$300/month

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Tutoring/Bridging Contract – School Copy

Client/Student name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Programs enrolled in: <> Bridging <> Part-Time \_\_\_\_\_  
<> Tutoring for \_\_\_\_\_

Please initial each of the following statements:

\_\_\_\_\_ The charge for bridging/tutoring is \$25/hour

\_\_\_\_\_ If I cancel on the day of the appointment, I owe ½ of the agreed amount.  
*It is too late to schedule another in your selected time slot.*

\_\_\_\_\_ If I do not show up and have not called, I owe the complete amount for that session.  
*The teacher made lesson plans, was there waiting for you, and the time slot was not available for another client/student in need*

\_\_\_\_\_ If I show up late, I am responsible for the entire amount for that tutoring session.  
*The teacher was on time waiting for you.*

\_\_\_\_\_ It is my responsibility to arrange and keep set appointments with Kishami Academy LLC.  
*Appointments are set, not fluid, because we have other students in need.*

\_\_\_\_\_ If I cancel on the same day, or do not show up for my appoint **3x in a row** I will need to find assistance elsewhere.

**BRIDGING clients**--Please initial each of the following statements:

\_\_\_\_\_ Bridging needs a commitment of 3x/week for at least 1 hour/session to see the most complete benefits of the program. If I chose 2x/week it may take longer to see results.

\_\_\_\_\_ Bridging needs a commitment of 3-months minimum

\_\_\_\_\_ I understand that complications, meltdowns, frustrations may increase while the brain is undergoing these changes, but patience should give beneficial results.

\_\_\_\_\_ Weekly or Monthly fees will not be waived or altered for missed sessions.

By my signature below, I state that I have read the above statements and understand their implications.

Name of person responsible for payment/appointments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Tutoring/Bridging Contract – Client/Student Copy

Client/Student name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Programs enrolled in: <> Bridging <> Part-Time \_\_\_\_\_  
<> Tutoring for \_\_\_\_\_

Please initial each of the following statements:

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\_\_\_\_\_ I understand that complications, meltdowns, frustrations may increase while the brain is undergoing these changes, but patience should give beneficial results.

\_\_\_\_\_ Weekly or Monthly fees will not be waived or altered for missed sessions.

I have signed a school copy stating that I have read the above statements and understand their implications.

I \_\_\_\_\_ signed this statement on \_\_\_\_\_



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## 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

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Owner & Head Teacher



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## Program Fee Agreement & Payment Form

Kishami Academy LLC is an independent school. This means that the Academy and associated programs are not a beneficiary of outside monetary sources, thus we require a fee to attend.

I understand that Kishami Academy LLC programs require a fee to attend.

Kishami Academy has agreed to accept my student \_\_\_\_\_

<> for Tutoring at \_\_\_\_\_/hour      Scheduled for \_\_\_\_\_ at \_\_\_\_\_

<> for Bridging at \_\_\_\_\_/week      Meeting on \_\_\_\_\_ at \_\_\_\_\_

Week	Amt/Type	Date Paid	Week	Amt/Type	Date Paid	Week	Amt/Type	Date Paid

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

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

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

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