



Application for Enrollment

Academic Year _____

Child's Name _____

Nickname: _____ Gender: Male Female Birthdate: _____

Parent/Guardian Name(s) _____

Address _____

City/State/Zip _____

Phone #1 _____ Phone #2 _____

Email address _____

Parent/Guardian Name(s) _____

Address _____

City/State/Zip _____

Phone #1 _____ Phone #2 _____

Email address _____

Siblings Names/Ages

Class Selection (please circle all that apply)

Clubs Group (ages 5-8) Tuesday 9-12

Hearts Group (ages 8-10) Wednesday 9-2

Diamonds Group (ages 11-13) Thursday 9-2

Custodial arrangements for pick-up? Yes (please describe arrangement below) No

Language(s) spoken at home _____

Medical Conditions:

Asthma Ear Infections Headaches Seizures Diabetes
GI Issues Developmental Delay Speech Delay Other _____

If yes to any of the above, please describe what types of accommodations are necessary to support your student _____

Allergies? Yes No Please list _____

Medications? Yes No Please list _____

Describe your child's personality _____

OT/PT/Speech (list evaluation and dates of service) _____

IEP or 504 Plan? Yes No FBA/BIP? Yes No

Please provide most recent copy of all educational evaluations or IEP/504 or FBA/BIP.

What are your child's strengths? _____

What are your child's areas for improvement? _____

What are your educational goals for your child? _____

How do you see ACES facilitating these goals? _____

What role will you play in facilitating these goals? _____

How do you see yourself participating as a volunteer in the ACES community?

Parent
Signature(s) _____ Date _____

Please return completed application with non-refundable* registration fee of \$150 to:
ACES Homeschool Groups
5335 Half Round Rd.
Oswego, IL 60543
or via email at registration@togetherwelearnbetter.com

Participation may be terminated, at any time, by ACES, LLC or the participating family.

*Registration fee is only refunded if ACES, LLC determines that we are unable to meet the needs of your child.