SofCon (School of Consciousness) –Application Form 1.2

Building a conscious learning community, together.

# Parent/Guardian Information

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: ☐ Phone ☐ Email ☐ Text

# Student Information

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Children (if applying for multiple): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency Contact (other than parent/guardian)

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# What draws you to SofCon for your child/children?

# Child Background

Has your child previously participated in group learning environments (school, daycare, homeschool co-ops)? ☐ Yes ☐ No

If yes, what was their experience like?

Has your child ever received or currently receive any support services (e.g., therapy, behavioral therapy, sensory support)? ☐ Yes ☐ No

If yes, please briefly explain:

Does your child have any diagnosed learning, emotional, or behavioral differences?

☐ Yes ☐ No

If yes, please describe how you support them at home:

# Parenting Philosophy

At SofCon, we honor children as whole beings, not problems to fix.

Please share how you approach your child’s growth, challenges, and emotional development at home.

# Parent Skills & Community Participation

Skills/Areas of Expertise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be open to sharing these in a class or workshop? ☐ Yes ☐ Maybe ☐ Not at this time

Preferred days/times (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Availability to Support

☐ I’m interested in volunteering regularly

☐ I can help occasionally (events, setup, etc.)

☐ I’d love to be involved but have limited time

# Home-Based Learning Contribution Requirement

As part of our co-educational partnership, SofCon requires each family to document a minimum of 100 hours of home-based learning per year (about 2 hours/week).

Examples include:
- Reading together or independently
- Nature walks and observations
- Cooking, measuring, and life skills
- Music, movement, or creative play
- Reflective conversations or journaling
- Educational outings (museums, hikes, etc.)

☐ I understand and agree to log at least 100 hours of home learning during the year. (A simple template will be provided.)

# Alignment Acknowledgment

SofCon is a consciousness-centered, community-driven learning environment.
We select families based on philosophical alignment and readiness to participate in a sacred educational field.

☐ I have read and understand SofCon’s mission and behavioral expectations.

☐ I am committed to partnering actively with SofCon in supporting my child's growth within a group environment.

# Application Fee Acknowledgment

☐ I acknowledge there is a non-refundable application fee of $25 due upon submission of this application. (This fee helps support the family screening and interview process.)

# Anything else you'd like us to know about your child, family, or needs?

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