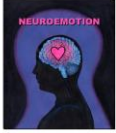


Neuro Emotional Literacy Program



Parent Participant Application:

Name _____ Date _____

Address _____

Contact telephone _____ Email _____

Participating school _____

Child(ren) enrolled at school:

1) Name _____ Age _____

2) Name _____ Age _____

Pre-school Child(ren):

3) Name _____ Age _____

4) Name _____ Age _____

Special dietary requirements (i.e. food allergies):

Adult _____

Child(ren):

Signature of Applicant:

I understand that as a participant in this program, I will be committed to attend six (6) workshops on consecutive weeks; and I may, if I choose, consent to be a anonymous participant in a research project on emotional literacy that involves filling out checklists.
