



5031 University Way NE, Ste. 107A
Seattle, WA 98105
learn@threedragonsacademy.com

2017-18 TDA Application

Please fill out all sections below. Return your application by email to learn@threedragonsacademy.com, or print and mail to 5031 University Way NE, Ste. 107A, Seattle, WA 98117.

I would like to discuss financial aid or payment plans. Yes No

Child's full name: _____

Child's preferred name or nickname: _____

Child's primary home address: _____

City: _____ State: _____ Zip: _____

Child's birth date (XX/XX/2XXX): _____

Child's gender: _____

Parent 1 name: _____

Is this the primary parent contact? Yes No

Parent 1 occupation: _____

Parent 1 phone/text #: _____

Parent 1 email: _____

Parent 2 name: _____

Is this the primary parent contact? Yes No

Parent 2 occupation: _____

Parent 2 phone/text #: _____

Parent 2 email: _____

List any critical allergies including foods:

Does child have any food restrictions? Yes No

If yes, describe:

List any medications child is taking (TDA cannot administer medications):

List any therapies child is undergoing:

List any diagnoses confirmed or unconfirmed that might affect child's participation:

What are your child's favorite activities when alone? With a friend?

Describe your child's sense of humor, both verbal and nonverbal.

What situations frustrate your child? How is that exhibited?

Describe your child's type and degree of interest in books and reading, math, science, writing, other academics?

Which of the following is your child interested in (check all that apply)?

- Music
- Drama
- Art

- Other arts
- Sports
- Other (please describe)

What types of things does your child wonder about? What is your child interested in investigating?

Which aspects of TDA most appeal to you?