

Universal Education Foundation Enrollment Application

Name: _____

Names/ages of family members attending:

Date of application: _____

Date of planned attendance: _____

- 1) Describe the main purpose and desired outcome for your interest in attending *School of Original Thought*.

- 2) Describe the relationships between the family members (brother, sister, married couple, significant other, children, etc.):

- 3) Describe the significant issues the family is facing:

4) Describe other avenues the family has attempted in working towards healing:

5) Describe any academic concerns, if any, for your child:

6) Describe any health concerns, if any, for your family-describe who and what:

7) Any other concerns or questions not on this questionnaire?

8) Do you want a Tai Yi Session during this workshop? For more information on Tai Yi go to www.jonahlifeinstitute.com or www.taiyipointofhealing.com.

Yes____ No_____