

**THE
WHAT TO DO ABOUT
YOUR BRAIN-INJURED CHILD®
COURSE**

APPLICATION FOR ENROLLMENT

November 2008

THE WHAT TO DO ABOUT YOUR BRAIN-INJURED CHILD® COURSE

Eligible to take the course are all parents who believe that their hurt children have a greater potential than they are presently using and who wish to learn more about ways of helping their brain-injured children to achieve their potential. No academic degree is required. Enrollment is limited to eighty students.

Years of preparation and experience have gone into the course. Every moment is used to give the greatest amount of information to the parents attending the course. It is only possible for the vast amount of information covered to be presented in such a short period of time in an atmosphere totally free of distractions. For this reason, it is not possible for children to attend the course. Enrollment is therefore only available to parents who are able to leave their children at home in loving and competent hands.

All parents attending every session of the course will receive certification in Human Development at the Initial Parent Level. This certificate qualifies parents to use the knowledge gained during the week with their own children. It does not qualify parents or professionals to teach anyone else.

This course is designed for the parents of *children*. However, The Institutes have over three decades of experience with brain-injured *adults*. The course contains invaluable information that is beneficial to brain-injured adults. Therefore, relatives of brain-injured adults are permitted to attend the course.

The tuition charge is \$1095.00 per person, or \$1725.00 per couple if mother and father attend the same course together. Full tuition (or a deposit of \$250 per person) is required at the time of enrollment to secure your place in the course. Should you cancel two months before the course, your tuition or deposit will be refunded.

There is an additional fee for parents requiring translation services.

Information about local accommodations and transportation will be sent with confirmation of your enrollment.

Please complete the application for enrollment and send to:

“What To Do” Course Registrar

The Institutes for the Achievement of Human Potential®

8801 Stenton Avenue

Wyndmoor, Pennsylvania 19038 USA

Tel: (215) 233-2050

Fax: (215) 233-9646

<http://www.iahp.org>

wtd_registrar@iahp.org

THE WHAT TO DO ABOUT YOUR BRAIN-INJURED CHILD® COURSE
Application

(Please print clearly, using upper case letters. Complete entirely even if only one parent is attending).

Mother	First Name _____	Last Name _____
Father	First Name _____	Last Name _____
Telephone _____	Address _____	
City _____	State _____	
Zip (Postal Code) _____	Country _____	
E-mail Address _____		

Dates of Course you wish to attend: _____

Circle which parent(s) is/are enrolling in the course: **Mother** **Father** **Other**

Mother's age: _____ Profession _____

Father's age: _____ Profession _____

Nature of child's problem: _____

How did you hear about the course? _____

What families do you know on The Institutes programs? _____

We urge you to completely read the book *What To Do About Your Brain-Injured Child* by Glenn Doman.
Have you read this book? **Mother** Yes [] No [] **Father** Yes [] No []

If English is not your native language, please circle your degree of fluency in English:
Mother 25% 50% 75% 100% My native language is: _____

[] Yes, I will require translation.

Father 25% 50% 75% 100% My native language is: _____

[] Yes, I will require translation.

If you are not completely fluent in English, we will not be able to confirm your place in the course until we have arranged translation for you. We will contact you about these arrangements.

[] I have enclosed the full tuition to reserve places for both parents in the course.

[] I have enclosed the full tuition to reserve one place in the course.

[] I have enclosed a deposit of \$ 250.00 (U.S. Currency) per person to reserve space in the course.

Please charge \$ _____ to my **VISA**® [] **MasterCard**® [] **American Express**® [] **Discover**® []
Account # : _____ Expiration Date: _____ Today's Date: _____

Mother's signature: _____

Father's signature: _____

INFORMATION ABOUT YOUR BRAIN-INJURED CHILD

First Name: _____ Last Name: _____

Date of Birth: _____

Nature of child's problem: _____

Age at which problem was discovered: _____

Degree of visual competence: Zero____ Poor____ Fair____ Good____ Excellent____

Describe _____

Degree of auditory competence: Zero____ Poor____ Fair____ Good____ Excellent____

Describe _____

Degree of tactile competence: Zero____ Poor____ Fair____ Good____ Excellent____

Describe _____

Degree of mobility ability: Zero____ Poor____ Fair____ Good____ Excellent____

Describe _____

Degree of language ability: Zero____ Poor____ Fair____ Good____ Excellent____

Describe _____

Degree of manual ability: Zero____ Poor____ Fair____ Good____ Excellent____

Describe _____

Does your child read? _____

Does your child have seizures? _____

Medicines and drugs: _____

General state of health: _____

List of previous diagnoses: _____

My child is currently attending school: Yes _____ No _____ Hours per day _____

The single most important thing to do is to write a complete description of your child's development since birth with as much information as possible about the pregnancy plus delivery and include it with this application. This should be *in your own words* rather than copies of professional reports. If you wish, you may send professional reports along with your description. Please include a recent photograph of your child.

**REQUEST TO BE CONSIDERED FOR
THE INTENSIVE TREATMENT PROGRAM**

I have carefully read the booklet *The Programs of The Institutes*. I understand the requirements for the Intensive Treatment Program and that admission is by invitation only. However while we are working to complete the requirements, we would like our child _____ to be placed on the waiting list to be considered for this program in the future.

Mother's signature

Father's signature

STATEMENT OF GOALS AND OBJECTIVES

The *What To Do About Your Brain-Injured Child* Course is a course designed solely for parents. The objective of this one-week course is to teach the principles of Child Brain Development to parents so that those who wish to do so can design their own child development program at home. It does not qualify a parent to instruct other children, other parents, or professionals in the work of The Institutes for the Achievement of Human Potential®. The goal of this course is to create better children, and therefore better adults, through parents.

We trust that parents attending this course will understand the importance of the objectives of this course and appreciate what it does, and does not, qualify them to do when they have completed it.

This course is designed to teach principles. It is not designed to teach or propose a specific program for any of the children whose parents attend. Indeed, The Institutes® will not have ever seen, evaluated, or made a diagnosis for any of the children whose parents attend this course. For this reason the staff will not prescribe any program whatsoever. Nor can The Institutes take any responsibility for children who have never been seen here.

It is absolutely vital that parents attending this course understand that they take full responsibility for their child's program and development, and, further, that The Institutes do not by implication or promise guarantee that the application of the program will cure a child.

I have read and understood this "Statement of Goals and Objectives" of this course and agree that I am fully responsible for my child's program and development, and that attending does not qualify me to teach anyone but my own children. I agree to use this information only to teach my own children. I will not use the information from this course to teach other children, or to instruct other parents or professionals in the work of The Institutes. This commitment is critical to the understanding between The Institutes and me. Nothing in this "Statement of Goals and Objectives" grants any other license or rights in the work of The Institutes.

Mother's signature

Father's signature

Date

Date

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