



**APPLICATION 2022-23 School Year**  
For programming from October 2022 to April 2023

<b>For Internal Use Only</b>	
_____	Application Received
_____	School Calendar
_____	Donation
_____	New School Site Visit
_____	Approved
_____	Denied
_____	Comment

**Application deadline: June 1, 2022**

*Afterwards applications will be considered on a rolling basis as teacher availability & school schedules permit.*

Please email your completed form to [info@mindfulnessthroughmovement.org](mailto:info@mindfulnessthroughmovement.org) or mail the form to: Mindfulness Through Movement, Inc. P.O. Box 28, Wayne, PA 19087.

Online donations may be made via [www.mindfulnessthroughmovement.org](http://www.mindfulnessthroughmovement.org).

Name of School \_\_\_\_\_

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone Number of School (Main) \_\_\_\_\_

Contact Information (Specify who will serve as the liaison between MTM and your school this academic year.)

Main Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email address \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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**Remote Learning:**

Contact Name of who will receive the weekly video if remote learning \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

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**Onsite Learning:**

**Our school administration commits to receiving two consecutive same day classes a week of MTM instruction for the 2022-23 school year for these grades:**

Please check appropriate grade (s) and note the number of classes and number of students in each grade to receive programming.

Grades:

K _____ #classes/#students ____/____	4 _____ #classes/#students ____/____	8 _____ #classes/#students ____/____
1 _____ #classes/#students ____/____	5 _____ #classes/#students ____/____	Other _____ #classes/#students ____/____
2 _____ #classes/#students ____/____	6 _____ #classes/#students ____/____	
3 _____ #classes/#students ____/____	7 _____ #classes/#students ____/____	

**Preferred Day (s) And Time of Week for Program At Your School** (Rank preference order if listing more than 1 day.) (MTM will make every effort to accommodate school preferences.)

Days: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Time (s): \_\_\_\_\_

Name of supervising teacher (s) \_\_\_\_\_

\_\_\_\_\_ Attached is a copy of our 2022-23 school calendar or \_\_\_\_\_ tentative calendar. (required as part the application process)

*Please note: As part of the application and selection process for NEW schools, members of our team will need to view the space your school has available for classes PRIOR TO ANY IN SCHOOL TEACHING. We will contact you to arrange a visit.*

School Principal

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_