

REGISTRATION FORM

Student's Name: _____

Parent/Guardian's Name: _____

School: _____

Grade: _____ Teacher(s): _____

Date of Birth: ___ / ___ / _____ Age: _____ Gender: ___ Male ___ Female

My student's main language is: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Email: _____

Parent/Guardian's Driver License #: _____

List ALL person(s) authorized to visit and/or pick up the student (including parents/guardians):

*Please be advised that all authorized persons need to show photo identification

Emergency contact information (Please list two names and ALL applicable phone numbers):

1. _____

2. _____

I _____ authorize _____ to release
(Parent's name) (School's name)

any and all educational information regarding _____ to any staff
(Child's name)
member at the Learning Center.

Parent/Guardian's Signature: _____

Name: _____ Date: _____

Please check the program(s) in which you are interested. Feel free to check more than one program.

_____ Elementary School Tutoring

Specify which subject(s): _____

_____ Middle School Tutoring

Specify which subject(s): _____

_____ High School Tutoring

Specify which subject(s): _____

_____ Enrichment Program

Specify which subject(s): _____

School/After-School Information

Does your child participate in a bilingual program? ___Yes ___No

If Yes, which one? _____What after-school program(s) is your child involved with? _____

What academic area(s)/subject(s) does your child need help with? _____

Has your child ever been referred to Special Education? ___Yes ___No

If Yes, what year? _____

Does your child have an IEP? ___Yes ___No

Has your child ever been retained? ___Yes ___No

If Yes, in what grade(s)? _____

Is there anything else you feel we should know about your child? _____

Schedule *(please choose the preferable times and days)*

SCHEDULE	MON	TUE	WED	THU	SAT	SUN
10:00 AM - 12:00 PM						
12:00 PM - 2:00 PM						
4:00 PM - 6:00 PM						
6:00 PM - 8:00 PM						