

A PLACE OF LEARNING REGISTRATION

OFFICE USE ONLY

Date Received: ____/____/____ Approved By: _____

Start Date: ____/____/____ Approved By: _____

2024-2025 School Year

Child's First Name _____ Last Name _____

Gender: Female/Male Age: _____ Birth date: __/__/__ Grade: _____

School: _____ Classroom number: _____

Teacher's first and last name: _____

What subject does child need help in? Math _____ Reading _____ Other _____

Parent's/Legal Guardian's Information

First Name _____ Last Name _____

Home Street Address _____ City _____ Zip Code _____

Parent's Employer _____ City _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Cellular Phone (____) _____ Email _____

Parent's/Legal Guardian's Information

First Name _____ Last Name _____

Home Street Address _____ City _____ Zip Code _____

Parent's Employer _____ City _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Cellular Phone (____) _____ Email _____

Person to call first:

First Name _____ Last Name _____

Emergency contact: If a parent/legal guardian cannot be reached in the event of an illness or emergency, please list *at least* two contacts *over the age of 18* who may provide more information to staff and who is authorized to pick up your child.

Emergency Contact	Authorized to pick up	Name	Relationship to Child	Home phone number	Business/ Cell phone number
Yes/No	Yes/No			()	()
Yes/No	Yes/No			()	()
Yes/No	Yes/No			()	()

Is there anyone who is **NOT** allowed to pick up your child? If yes, please list (documentation required for custody cases): _____

Special instructions or information regarding your child: _____

We're open Mon-Fri from 2:30 p.m. to 5:30p.m. Check the day(s) you can be tutored on?
Mon ___ time ___ Tues ___ time ___ Wed ___ time ___ Thur ___ time ___ Fri ___ time