



School Year Registration Form

Please complete and return registration.

Full payment is due upon registration (A \$28 supply fee is due with registration.)

Make checks payable to LEARN Strategies.

Date

- - 

Month Day Year

Student's Name

First Name Last Name

Date of Birth

Month Day Year

Age

Sex

Male
 Female

Grade 2014

School

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Parent Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Home Phone

 -

Area Code Phone Number

Cell Phone

 -

Area Code Phone Number

Work Phone

 -

Area Code Phone Number

Occupation

E-mail

Parent Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Home Phone

 -

Area Code Phone Number

Cell Phone

 -

Area Code Phone Number

Work Phone

 -

Area Code Phone Number

Occupation

E-mail

Sibling Name

First Name Last Name

Age

School

Sibling Name

First Name Last Name

Age

School

Sibling Name

First Name Last Name

Age

School

Sibling Name
First Name Last Name

Age

School

Emergency contacts in the event that a parent cannot be reached:

Full Name
First Name Last Name

Contact Number -
Area Code Phone Number

Alternate Number -
Area Code Phone Number

Full Name
First Name Last Name

Contact Number -
Area Code Phone Number

Alternate Number -
Area Code Phone Number

List below those people who may pick up your child:

Full Name
First Name Last Name

Relationship

Full Name
First Name Last Name

Relationship

Full Name
First Name Last Name

Relationship

Insurance Information:

Policy holder

Insurance company

Medical Information:

Physician

Phone Number -
Area Code Phone Number

Dentist

Phone Number -
Area Code Phone Number

Hospital preference

Allergies?

List any medications your child takes routinely

Does your child wear corrective lenses?

- Glasses
- Contacts

Child's Name

First Name

Last Name

Date of birth

Month

Day

Year


I/We, as legal guardians(s), do hereby grant LEARN Strategies the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless LEARN Strategies and it's agents from liability arising out of an accident situation. North Carolina Good Samaritan Law will apply.

Please use your mouse below to click and drag to sign your name.

Parent/Guardian Signature

Clear

Date

 - - 

Month

Day

Year

I/We give permission to LEARN Strategies to use, for publicity and marketing purposes, photographs of statements from, and work produced by my child in the summer Program. (Student's names are excluded with his/her photo.)

Please use your mouse below to click and drag to sign your name.

**Parent/Guardian
Signature**




Clear

Date

- - 

Month Day Year

Please indicate tutoring choice for Individual or Small Group Tutoring

10 hours @ \$60 p 

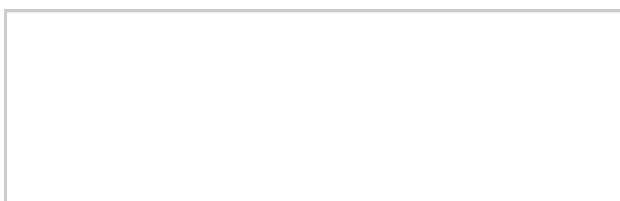
Small group minimum of 3 students for \$45 rate.

Groups with 2 students are \$60 per hour.

Tutoring requested in the following subject area(s)

- Reading Comprehension
- Written Expression
- Spelling and Reading (Orton-Gillingham)
- Math
- Handwriting
- Other

Other evaluations or information pertinent to the success of your child's learning



Cancellation and Refund

Complete refund of payment minus a \$50 processing fee will be given when cancellation of service is 30 days or more prior to the start of classes. No refund of payment with cancellation 30 days or later prior to the start of services.

Payment of Services

Please use your mouse below to click and drag to sign your name.

I have mailed a check payable to LEARN Strategies.

Signature



Clear

Date

- - 

Month Day Year

Submit