



School Year Registration Form

- Please complete and return registration.
- Full payment is due upon registration.
- Make checks payable to LEARN Strategies.

Date: _____

Student's Name: _____

Date of Birth: _____ Age: _____ Sex: M F

Grade: _____ School: _____

Home Address: _____
Street City State Zip

Parent Name: _____

Parent Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell # _____

Cell # _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Siblings Names: _____ Age _____ School _____

Siblings Names: _____ Age _____ School _____

Siblings Names: _____ Age _____ School _____

Siblings Names: _____ Age _____ School _____

Check one: Married Single Divorced Separated

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

Name	Contact#	Alternate #

List below those people who may pick up your child after sessions:

Name	Driver's License Number

Medical Information:

Physician _____ **Phone** _____

Dentist _____ **Phone** _____

Hospital preference _____

Does your child have any chronic illnesses or injuries? _____

Allergies? _____

List any medications your child takes routinely: _____

Does your child use an asthma inhaler? _____

Does your child wear corrective lenses? **Glasses** **Contacts**

Child's Name _____ **Date of Birth** _____

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.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Tutoring requested in the following subject area(s).

_____ **Reading Comprehension**

_____ **Math**

_____ **Written Expression**

_____ **Handwriting**

_____ **Spelling and Reading (Orton-Gillingham)**

_____ **Other** _____

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

CANCELLATION AND REFUND

Complete refund of payment minus a \$25 processing fee will be given when cancellation of service is 30 days or more prior to the start of classes.

****Client will not receive refunds or make-ups for missed sessions unless due to illness.**

ASSESSMENT

All new students to Learn Strategies registering for the school year sessions will be given an assessment to determine proper placement.

Parent Consent

On this (date) _____, I give my consent for LEARN Strategies to communicate with
(professional service providers) _____
concerning (child's name) _____ educational strengths and needs.

Signature

PAYMENT OF SERVICES

_____ I have attached a check payable to LEARN Strategies.

Signature

Date