

Ic Learning Center Registration Form

Student Information:

First Name:		Age		Date of Birth	
Last Name:		Gender	Female	Male	

Home Address

School Information

Address of the School that the student is attending:	Grade Level	Student Email Address/ Phone Number (if any)

School Phone Number/ Contact Information	Is the student enrolled in special programs or have an individualized education plan?

Any Allergies or Health Conditions that the student has:	Areas of Help that your child needs:	Describe in detail, or provide a brief description on specific skills and development that you would want your child to learn. You can also include any other notes that instructors should be aware of academically																		
	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Early Mathematics</td></tr> <tr><td><input type="checkbox"/></td><td>English Language Arts</td></tr> <tr><td><input type="checkbox"/></td><td>Reading</td></tr> <tr><td><input type="checkbox"/></td><td>Writing</td></tr> <tr><td><input type="checkbox"/></td><td>Advanced Math: Algebra, Geometry, Trig</td></tr> <tr><td><input type="checkbox"/></td><td>Health / Sciences</td></tr> <tr><td><input type="checkbox"/></td><td>Foreign Language</td></tr> <tr><td colspan="2" style="text-align: center;">Other:</td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table>	<input type="checkbox"/>	Early Mathematics	<input type="checkbox"/>	English Language Arts	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>	Advanced Math: Algebra, Geometry, Trig	<input type="checkbox"/>	Health / Sciences	<input type="checkbox"/>	Foreign Language	Other:				
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<input type="checkbox"/>	Health / Sciences																			
<input type="checkbox"/>	Foreign Language																			
Other:																				

Parent/Guardian Information:

First Name:	First Name:
Last Name:	Last Name:
Relationship to the student	Relationship to the student
Phone Number(s) to contact	Phone Number(s) to contact
Email Address	Email Address
Preferred Language Spoken to	Preferred Language Spoken to
Preferred Language Written to	Preferred Language Written to

Ic Center Learning Center Location in which the student is registering in	How did you come to hear about Ic Learning Center?	
<input type="checkbox"/>	<input type="checkbox"/> Advertisement by social media	
OR	<input type="checkbox"/> Through a flyer	
	<input type="checkbox"/> Referral through a friend Name:	
	<input type="checkbox"/> Referral through School: School Name:	
	<input type="checkbox"/> Other:	
109 Lafayette St. Suite 805 New York, NY 10013 (646) - 852 - 6623	7510 18th Ave Brooklyn, NY 11214 (347) - 492 - 6316	

Terms of Agreement

I understand and agree to the following:

1) Ic Center INC, facilities are under video surveillance to ensure the security and the safety of our students, staff and parents.

2) As part of the learning environment, Ic Center INC, will also video tape and photograph class activities as means of advertisement our our services and different programs.

3) Ic Center INC, may use the collected videos and pictures for future advertisings or promotional materials without compensation either in physical or online format.

4) All videos and photographs are the property of IC Larning Center.

PRINT FIRST/LAST NAME:

Date

SIGNATURE: