

 **Let's Learn** After School Enrichment
@Rachel Carson Elementary school
REGISTRATION FORM

Student's Name: _____ Gender (m/f): _____ Birthdate: _____
Student's School: _____ Grade: _____
Home Address: _____

Parent/Guardian #1: _____ Parent/Guardian #2: _____
Name: _____ Name: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Planned Start Date in Program: _____ Planned End Date in Program: _____
Days will Attend (y/n): Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____
Planned Pick-up Time: _____

In case the parent/ guardian cannot be reached, please list an emergency contact person:
Emergency Contact Name: _____ Relationship to Student: _____
Preferred Phone: _____ Other Phone: _____

Please describe any allergies, conditions, medications, or special needs you want us to know about the student:

Month/Year of student's last tetanus (or DTP) shot: _____
Student's Physician's Name: _____
Student's Physician's Address: _____
Student's Physician's Phone: _____

****PARENTAL RELEASE AND CONSENT TO MEDICAL TREATMENT****

My child is enrolled with Let's Learn After School. I hereby release Let's Learn, its employees, representatives, members of the Board of Directors, from any and all liabilities for injuries to my child or damage to any property and property of my child when enrolled with Let's Learn. I accept the full risk and responsibility for any damage or injury. In any legal proceeding brought in regard to this release, Let's Learn shall be entitled to recover all costs and expenses of such actions, including but not limited to all attorney's fees. I further authorize Let's Learn personnel to take my child to a physician or hospital and to consent to emergency medical treatment required for my child if I cannot be contacted.

Health Insurance Company: _____ Insurance Policy #: _____
Parent/ Guardian Signature: _____ Date: _____