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**MUNAR LEARNING CENTER REGISTRATION FORM  
2023-2024**

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| STUDENTS | | DOB (DD/MM/YY) | | M/F | | Age | Grade | | | Health Card  Number | | | Subject Focus | | |
|  | Math English | | |
| 1 |  |  | | |  |  |  | | |  | | |  |  | | |
| 2 |  |  | | |  |  |  | | |  | | |  |  | | |
| 3 |  |  | | |  |  |  | | |  | | |  |  | | |
| 4 |  |  | | |  |  |  | | |  | | |  |  | | |
| 5 |  |  | | |  |  |  | | |  | | |  |  | | |
| 6 |  |  | | |  |  |  | | |  | | |  |  | | |
|  | | | | |  | | | | | |  | | | |
| PARENT INFORMATION | | | | | | | | | | | | | | |
| NAME: | | |  | | | | | | EMAIL: | | | | | |
| PHONE: CELLNO: | | | | | | | | HOME NO: | | | |  | | |
| ADDRESS: | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MEDICAL INFORMATION (If YES student has allergy then please explain type of Allergies below) | | | | | |
| Students Names | Description of Allergy or medical issues | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| EMERGENCY CONTACT NAME | | | | | | |
| NAME: |  | | RELATION: | |  |  |
|  |  | |  |
| TEL: | | | | | | |
| ADDRESS: | |  | | |  | |
| **PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION** | | | | | | |
| **I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform Munar learning Center immediately of any changes to the information contained on this form.** | | | | | | |
| Signature of Parent/Guardian of Student: | | | | Date (MM/DD/YYYY): | | |
|  | | | |  | | |