**­**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STUDENTS | DOB (DD/MM/YY) | M/F | Age | Grade | Health CardNumber | 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |
|  |  |

|  |
| --- |
| 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): |
|  |  |