

The Learning Bridge
2018-2019 Enrollment Form

SCHOOL _____
START DATE _____

STUDENT INFORMATION

Last name _____ First _____ MI _____

Gender _____ DOB _____ Age _____ Grade _____

Home address _____

PARENT / LEGAL GUARDIAN INFORMATION (Please circle custodial adult)

Male Guardian: Relationship _____ Legal guardian? Yes no

Name _____

Address _____

City _____ State _____ ZIP _____

Occupation _____ Employer _____

Work Address _____

Cell phone _____ Work phone _____

Home phone _____ DL# _____

E-Mail address _____

Female Guardian: Relationship _____ Legal guardian? yes no

Name _____

Address _____

City _____ State _____ ZIP _____

Occupation _____ Employer _____

Work Address _____ Work phone _____

Cell phone _____ DL# _____

E-MAIL Address _____

SPECIAL INSTRUCTIONS: List any known allergies, physical or psychological disorders, cognitive or developmental disabilities which would limit your child' participation in activities.

The following accommodations may be required to most effectively meet my child's needs. _____

Current medications (prescription or OTC) which my child takes on a daily basis for long term or continuous medical concerns.

LEARNING BRIDGE DOES NOT ADMINISTER MEDICATIONS

In the event a parent / guardian is not able to pick up the child listed above, the following adults have my permission to pick up my child. INITIALS _____ 1.

Name _____ Relationship _____

Address _____ Phone # _____

2. Name _____ Relationship _____

Address _____ Phone # _____

3. Name _____ Relationship _____

Address _____ Phone # _____

Is student on restricted pick-up? YES NO

Please specify restriction _____

If biological parent is restricted legal documentation(court orders) must be on file to deny access.

HOMEWORK PROGRAM

Learning Bridge is committed to providing a homework program to best accommodate the parent's needs. Please initial your preference below:

_____ I prefer my child complete his/her homework at home. Student will still be required to participate in academic activities and /or reading during homework period.

_____ I prefer my child to complete his/her homework in program. I understand staff will check agendas/backpacks if necessary.

HEALTH CARE RELEASE

To provide the best possible care for my child, I understand special health care needs or chronic conditions will be shared with appropriate after-school staff.

In the event of a situation requiring emergency medical care the after-school staff have my permission to obtain said care. I understand staff will make every effort to contact me, but the child’s safety and health are the main priority.

Signature_____Date_____

PARENT HANDBOOK

I understand the parent handbook is available on the website, and I have read and understand all policies and procedures. Failure to access handbook does not remove me from responsibility of following policies.

Signature_____Date_____

FULL TIME TUITION NOTICE

I understand tuition is pre-pay and must be paid regardless of absences.

Signature_____Date_____

PART TIME TUITION NOTICE

I understand that tuition is due for the number of days scheduled and will be invoiced regardless of absences.

Signature_____Date_____

PARENTAL ACCESS

I understand I have access to all areas used by Learning Bridge during the time my child is present and am encouraged to participate in activities and special events.

Signature_____Date_____

PHOTO RELEASE

I give permission for my child to be photographed or videotaped for stories or displays promoting the after-school program. These may appear in outside sources or on display inside the school. I consent to the release of photos to be used for after-school related promotions or displays.

Signature_____Date_____