

Student Registration Form 2024 - 2025



Learning it Together

Student's Full Name	
Grade	
Date of Birth (MM/YYYY)	
Gender (M/F)	

Does your child have any allergies? If YES, please specify.	
Is your child currently on any prescription medication? If YES, please specify.	

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name		
Relationship to Student		
Home Address		
Postal Code		
Telephone Number	Home: Work: Cell:	Home: Work: Cell:
E-mail		
Preferred Form of Contact		

EMERGENCY CONTACT			
Name			
Relationship to Student			
Telephone	Home:	Work:	Cell:
Preferred Form of Contact			

Program type:

Please check here, if you would like your child to participate in the online ZOOM program.

By signing this form, you provide consent for:

- (1) your child to participate in the Learning it Together program (as described in the attached information letter);
- (2) to take photographs of your child while they are engaged in planned program activities for promotional purposes;
- (3) school administration to release any information regarding your child's reading level. Your child's reading level information will be used to better tailor the program to meet their needs.

Please check here, if you do not wish to have your child's photograph taken during the program.

Please check here, if you do not wish to have your child's reading level released to the program.

Children will only be released to either a listed parent/guardian or emergency contact. Exceptions to this will require prior notice from the parent/guardian.

Should the child have any medical conditions, allergies, or special needs requiring medication, the child is required to have the medication with them and know how to administer it independently.

What days and times is your child available for weekly 30 minute - 1 hour Zoom Sessions?

- Monday 3:00
- Monday 4:00
- Monday 5:00
- Monday 6:00
- Monday 7:00
- Tuesday 3:00
- Tuesday 4:00
- Tuesday 5:00
- Tuesday 6:00
- Tuesday 7:00
- Wednesday 3:00
- Wednesday 4:00
- Wednesday 5:00
- Wednesday 6:00
- Wednesday 7:00

- Thursday 3:00
- Thursday 4:00
- Thursday 5:00
- Thursday 6:00
- Thursday 7:00
- Friday 3:00
- Friday 4:00
- Friday 5:00
- Friday 6:00
- Friday 7:00

I certify that all the information provided in this form is accurate and up-to-date. I certify that I understand (or have been explained to) the above statements and give consent for my child's participation. All questions have been answered to my satisfaction.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____