



Lifelong Learning Center, Inc. Enrollment

Name: _____ Sex: M ___ F ___

Home Address: _____

City: _____ State _____ Zip Code _____

Email Address _____

Birth Date: _____

Home Phone: _____ Cell Phone: _____

Father: _____ Employer _____

Phone _____ Cell _____

Mother: _____ Employer _____

Phone _____ Cell _____

Emergency Contact: _____

***In case of an accident, illness, or emergency closure, I give permission to contact and/or release my child to the person(s) listed below for care until I arrive.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case we cannot contact you, do we have permission to contact a physician in case of an emergency and to administer first aid when necessary?

yes ___ no ___

Contact _____

Physician's Name

Phone

Release for Transportation: Parent Signature _____

