

**The Learning Bridge INC**  
**2023-2024 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's participation in activities.

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

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

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\*\*\*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 the biological parent is restricted legal documentation must be on file in order 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**

In order 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. I understand a child may be dismissed from program due to late payments.

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. I understand a child may be dismissed from program due to non-payment or late payments.

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 \_\_\_\_\_