

Homework Learning Center

3140 Edmonton Drive Suites 400 & 700

Sun Prairie WI 53590

Ph. 608-825-2516

Kerryl Johnson, Director

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_____, _____, _____
LAST NAME FIRST NAME MIDDLE NAME
_____/_____/_____ MALE/FEMALE _____
BIRTHDATE (Month/Day/Year) (circle gender) NATIONALITY/ETHNICITY (OPTIONAL)

K,1,2,3,4,5.
SCHOOL NOW ATTENDING (CIRCLE 2008-09 GRADE)
IS ANOTHER FAMILY MEMBER ATTENDING THE 2008-09 SESSION? YES _____ NO _____

IF YES, GIVE NAME(S) _____

PARENT/GUARDIAN MR./MS. _____ () _____
(circle one) LAST NAME FIRST NAME DAYTIME PHONE NO.
PARENT/GUARDIAN MR./MS. _____ () _____
(circle one) LAST NAME FIRST NAME DAYTIME PHONE NO.

HOME ADDRESS NUMBER & STREET APT. # CITY & ZIP CODE
_____ () _____

HOME PHONE NUMBER _____

1. What language does the student communicate in?

English _____ Spanish _____ Vietnamese _____ Chinese _____ Other _____

2. Does the student have any special needs? (sign language, wheel chair, translation, etc.) _____

Emergency Contact Information

_____, _____, _____
LAST NAME FIRST NAME MIDDLE NAME

Should we phone if this student does not attend the scheduled class sessions?

Yes _____ No _____ If yes, please fill out contact information below.

Contact: _____
NAME PHONE NO.

If no answer, contact: _____
NAME PHONE NO.

In case of an emergency, please list the numbers we should contact:

1. Contact: _____
NAME PHONE NO.

2. Contact: _____
NAME PHONE NO.

Medical Insurance: _____ Policy No. _____

Student's Doctor: _____
NAME, ADDRESS & PHONE NO. _____

Dental Insurance: _____ Policy No. _____

Student's Dentist: _____
NAME & ADDRESS PHONE NO. _____

(Parent or Legal Guardian's Signature)

(Date)