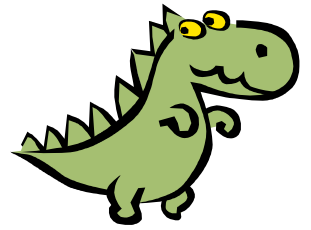


A.L.E.X.
Academy of Learning Extension



Please return completed registration to your child's school office.

Student's name	Age	Grade	Teacher's name/ School

Parents _____

Address _____

Home Phone _____ work phone _____ cell phone _____

What days of the week will your child attend A.L.E.X? (circle all that apply)

Mon. Tues. Wed. Thurs. Fri.

What time between 4:00 and 6:00 will your child be picked up? _____

Who will pick up your child? (Please include yourself, your spouse, and any other person that has your permission to pick up your child. Your child will NOT be released to anyone NOT listed below unless you have contacted the A.L.E.X. coordinator.)

Name	Relationship	Phone number

Emergency Contact Name and Phone Number _____

Special Instructions (allergies, limited activities, etc.) _____

Signed _____ date _____