



Parker Learning Center
2024-2025 School Year



Today's Date _____ First Day of Attendance _____

2024-2025 RATES
Friday \$38, half day \$27
Before school \$10
After school \$15

	Child's Name	Age	Grade	Date of Birth	M/F
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Parent's Name : _____
Address: _____ City: _____
E-Mail Addresses: _____

Mother's Cell #: _____ Father's Cell #: _____
Home Phone #: _____
Mother's Work : _____ Phone #: _____
Father's Work : _____ Phone #: _____

Attendance: (Approximate) Opens at 6am Closes at 6pm
AM CARE _____ PM Care: _____
AL DAY CARE: _____

Authorized Persons to CALL in case of EMERGENCY!! These people will be notified in case of emergency or illness when parents/guardian are not available.

	Name & Relationship to child	Address	Phone#
1.	_____	_____	_____
2.	_____	_____	_____

People (other than parents) allowed to pick up children:
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Doctor's Name: _____ Phone# _____



PLEASE COMPLETE BOTH SIDES!!!!

Are there any health problems/allergies that would restrict your child's participation in PLC activities? _____ If yes, please explain. _____



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EMERGENCY MEDICAL RELEASE

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the PLC staff to act in my behalf in granting permission for my child to receive emergency treatment.

I, _____, the parent or guardian, take full responsibility for the parent of treatment, or hospitalization for my child. Any further treatment and/or hospitalization in the future years will be my responsibility.

Signed this _____ day of _____, 20____
Parent or Guardian Signature _____

PARENT PERMISSION

I agree that my child may watch G or PG movies while attending PLC.

_____ Yes _____ No

I agree that my child's name may be used for PLC advertising and media stories.

_____ Yes _____ No

I agree that my child's picture may be used on the PLC website, BUT NOT USE THEIR NAME.

_____ Yes _____ No

Parent's Signature _____

