2025 Parker Learning Center
Summer Program
Enrollment Form

Today's Date _____ First Day of Attendance _____

	Child's Name	Age	Grade	Date of Birth	M/F
1.					
2.					
3.					
4.					
5.					

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) Summer 6:00am - 6:00pm
Arrival Time: _____ Pick-up Time: _____
RATES: $40 for all day and $25 for a half day

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) are allowed to pick up children:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Doctor's Name: _____ Phone# _____




Are there any health problems/allergies that PLC needs to be aware of?
_____ If yes, please explain. _____

_____

==========

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 _____

==========

PERMISSION FORM FOR ALL FIELD TRIPS

To provide interest and variety, we would like to occasionally take the children on field trips in the local community and surrounding area(s). We may take a walk, visit the local library, swimming pool, or businesses. You can purchase a pass from the Parker Pool or you can purchase them from Jodi Friman at PLC. We usually stick with the schedule Monday, Wednesday, Friday for swimming.

We will give you advance notice of all out of town field trips. Please sign this form if your child is able to attend these trips.

My child, _____, has my permission to go on field trips that are in town or out of town. I am fully aware that the staff at PLC age 18+ may be providing the transportation.

Parent Signature: _____ Date: _____

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.

_____ Yes _____ No

Parent's Signature _____