2026 Parker Learning Center
Summer 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: _____

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. _____



_____

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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 _____

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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 _____