

McGeorge Learning Center, LLC – Enrollment Application

Student / Parent Information

Child's Name _____	Date of Birth _____	grade _____	M _____ F _____ Gender
(Father) Parent's/Guardian's Name _____	(Mother) Parent's/Guardian's Name _____		
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	[] _____ Work Phone
[] _____ Cell Phone	[] _____ Cell Phone		
Email: _____	Email _____		

Alternative Emergency Contacts

Primary Emergency Contact _____	Secondary Emergency Contact _____
[] _____ Home Phone	() _____ Home Phone
() _____ Work Phone	() _____ Work Phone
[] _____ Cell Phone	[] _____ Cell Phone

The above information is needed if the parent is not available should a medical emergency arise.

Medical Information

Student name: _____

Food / other Allergies/Special Health Considerations

It is helpful to know if the student has a medical condition that may affect his/her learning.

Condition: _____

Current Medications: _____

Parent's/Guardian's Signature _____

_____ Date

Ona McGeorge _____

_____ Date

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Authorization for Medical Necessity

I hereby authorize McGeorge Tutoring Services to administer the following medication(s) to my child:

Name of medication	Dosage amount	When/Time	Condition

Signature: _____

Is there anything else I should know about your child that would affect his/her learning?

Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to McGeorge Learning Center, LLC to use the image of my child _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include: printed materials such as brochures and newsletters, videos, and digital images such as those on the McGeorge Learning Center, LLC Web site.

- Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, internet, and digital media. I agree that these images may be used by McGeorge Learning Center for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.
- Deny permission to use my child's image at all.**
- Limited usage:** I hereby restrict McGeorge Learning Center using my child's picture or likeness to the following:
 - Digital media – Internet, Face Book, Website
 - Print – brochures, newsletters, displays
 - Video
- Parent/guardian signature _____ Date _____

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Enrollment Fee \$25.00

I am enrolling my child in:

After School tutoring M T W TH Time preferred: 4:00-5:00 5:00 – 6:00 6:00 – 7:00

Saturday tutoring Time preferred: 9:00-10:00 10:00-11:00 11:00-12:00 12:00-1:00 1:00 – 2:00

Regular School Year

Full time day classes 8:00 – 3:30

Part time day classes 2 days a week 3 days a week Half day AM PM

Summer

Full time 9:00 – 4:00 Part time 2 days a week 3 days a week

Half time AM PM Activity Period

How did you find McGeorge Tutoring Services? Please circle all that apply

Google Facebook Another ad

School Friend Magazine

Other (please specify) _____

We all want everything to be safe and for no harm to come to come to any of the children while on the MLC property. However, accidents do happen, and you need to know we will take every precaution to ensure that no harm comes to your child. This waiver form is needed for liability reasons.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter referred to as the “Release Agreement”) BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Organization Name McGeorge Learning Center (to be referred to as “organization”) and its (their) directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as “the Releasees”)

In consideration of the RELEASEES agreeing to my child's participation and permitting his/her use of their services, equipment and other facilities, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH “SPORTS” AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

Signature _____

Date: _____