



REGISTRATION FORM

Location: 1 E. Foothill Blvd Arcadia, CA 91006

San Dimas: 554 E. Foothill Blvd Suite 117 San Simas, CA 91773

Student's First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: ____/____/____ **School:** _____ **Grade:** _____

Home Address: _____

Mother/Guardian Name: _____ **Phone:** _____ **E-mail Address:** _____

Place of Employment: _____ **Address:** _____ **Work Number:** _____

Father/Guardian Name: _____ **Phone:** _____ **E-mail Address:** _____

Place of Employment: _____ **Address:** _____ **Work Number:** _____

EMERGENCY CONTACT NUMBERS
Only the people listed will be permitted to pick up your child.

Name	Cell:	Work:	Home:	Relationship to Child

- Asthma Yes No
- Diabetes Yes No
- Heart Disease Yes No
- Hearing Problem Yes No
- Glasses or Contact Lenses Yes No
- Gluten Intolerance or Special Diet Yes No
- Allergies Yes No Explain: _____
- Health Issues Yes No Explain: _____
- Special Needs Yes No Explain: _____

Continue on Back Side



Photography Release for Child or Children

I hereby authorize MY Learning Center LLC, to publish photographs taken of the minor or children listed below, and our names and likenesses, for the use of MY Learning Center's online and social based marketing materials, as well as other company publications. I am aware of social media such as Twitter, Facebook, Instagram, etc.

I hereby release and hold harmless My Learning Center from any reasonable expectation of privacy or confidentiality for myself and for the minor and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize MY Learning Center to use their likeness and names.

I further acknowledge that participation is voluntary and that either I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other My Learning Center publications. I acknowledge and agree that publication of said photos confers no right of ownership or royalties whatsoever.

I hereby release MY Learning Center, its employees, and any third parties involved in the creation or company publications, liability for any claims by me or any third party connection with my participation or the participation of the minor children listed below.

Parent Name: _____

Signature: _____ Date: _____

Relationship to Minor: _____

Name and ages of each child

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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