



# Registration Form

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**I Would Like Academic Support In:**

**Math**       **Reading**       **Other**

**If Other:** \_\_\_\_\_

**My Child has an IEP (Individual Education Plan?)**

**Yes**       **No**

**Please list any food allergies**

\_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Parent / Guardian Email:** \_\_\_\_\_

**Parent / Guardian Phone:** \_\_\_\_\_

**Please list names that are authorized for pick up for your child**

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_