



growing through art and language

1310-A North I St., Tacoma, WA 98403

253.627.5322

2019-2020 REGISTRATION FORM

Student's Name _____ Nickname (to be used in class) _____

Birth Date _____ Male Female Home Phone _____

Address _____ City _____ State/Zip _____

Please share information about your child's strengths, interests, and talents

Parent/Legal Guardian (Please circle) _____

Address (if different from students) _____

Home Phone _____ Email address _____ Pager/Cell _____

Employer _____ Work Phone _____

MEDICAL RELEASE | EMERGENCY CONTACTS

If serious illness or accident occurs at the location and neither parents nor person listed below can be reached, I give permission to the teachers and staff of Mis Amigos Learning Center to secure medical care from our physician _____ phone _____ or his/her associates, or from the most immediately available licensed health care professional. I accept full responsibility for any financial indebtedness related to transporting and treating my child at a hospital or medical clinic.

In case of emergency, please contact in this priority: (Please List Parents First)

1. Name (Relationship) _____ Hm#/Wk#/Cell# _____

2. Name (Relationship) _____ Hm#/Wk#/Cell# _____

Are there any unusual circumstances that your child's teacher should know about, such as serious accidents, medical history, traumatic experiences, family circumstances or fears of any kind?

1. **Safety:** I/We agree to keep our child home if there are any signs of a cold, or any other communicable diseases.
2. **Financial:** I/We agree to pay the registration fee upon completion of the registration form.
3. I/We agree to pay **tuition** on time (within five days of the month), whether or not my child is able to attend.

I have thoroughly read this agreement and agree to abide by the terms and conditions therein.

***Please Note:** We would like to request a completed Immunization form before your child attends a class. Please contact the instructor if you are not able to provide an immunization form.

Parent/Guardian Signature _____

Date _____