THE LEARNING LAB
YOUTH DEVELOPMENT CENTER

Application

215-432-7900
| www.thelearninglabydc.com

Child Information

Registration Date: _____

Child's Information				
Last Name	First Name	M.I.	Nickname	
Entering grade	[ ] Male [ ] Female [ ] Prefer not to specify	Birth Date	Birth City/State City: State:	Age

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

2nd Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which Guardian Should be Called First?	Home Phone	Preferred language for written communication:	
Home Resident Street Address	Apt #	City	Zip Code
Mailing Address (if different than above)	Apt #	City	Zip Code

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff at The Learning Lab (TLL) such as babysitting, outside of the program and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by TLL. TLL shall remain harmless from any such arrangement. Initial_____

Media Release

Occasionally, photos will be taken of children at TLL for use within TLL or on our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Initial_____

Tuition

I understand that tuition is due regardless of sickness, vacations, holidays or any school closures.
Initial_____

This form must be accompanied by a $70 NON-REFUNDABLE Registration fee.

Signature

_____ _____

Parent / Guardian Signature Today's Date

For office use only within box

Initials:_____	Monday	Tuesday	Wednesday	Thursday	Friday
Attending Days:					
Drop Off time:					
Pick up time:					

Start Date:_____ Subsides: ___ PHL Pre-K __ CCW/ELRC

Program child is enrolling in:_____ School Name:_____

Tuition Amount/Co-Payment:_____ Classroom Teacher Name/ Room#:_____

Registration Payment Method/Check # : _____ Student Classroom Location: _____