

TOWER EDUCATIONAL LEARNING CENTER

2936 Wood Avenue, Lorain, Ohio 44055

Telephone: 440-277-5553, Fax 1-866-405-9065

Email: info@towereducation.org , Website: www.towerlearningcenter.org

Registration Form

Child's Name	Age	D.O.B.	Grade	School Name	Gender

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Guardian Name: _____ Relationship: _____

Guardian Work & Address: _____

Work Hours: _____ Work Phone: _____

What is your preferred method of communication? Email Text Cell Phone Home Phone

Persons authorized to pick up children:

<u>First Name</u>	<u>Last Name</u>	<u>First Name</u>	<u>Last Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructions: Place a checkmark in the box for each day that care is need. Fill in the start time and end times for the days that care is need.

Description	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

Parent/Guardian Signature: _____ Date ____ / ____ / ____