



The Learning House
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Child's last name, first name and middle initial.

Child's Birthdate

Child's Age

STUDENT RECORD FORM

Child's Family Information

Enrollment Date:

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____
 (if different)

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Name(s) and age(s) of siblings: _____

Child's Guardian(s) (if not parents): _____

Child's Address (if not with parents): _____

Doctor's Name: _____

Phone #: _____

Address: _____

Dentist's Name: _____

Phone #: _____

Address: _____

The Emergency Contact must be someone other than Mom & Dad and must be in the local area!

Emergency Contact: _____

Relationship to child: _____

Daytime phone #: _____

Daytime address: _____

Child's Health Information

Allergies: _____

Food Restrictions: _____

Medical Conditions: _____

Any medication prescribed for long term, continuous use: _____

Previous serious illnesses and injuries: _____

Any restrictions to physical activity: _____

Medical Release: I hereby authorize any licensed physician, emergency personnel, or medical treatment center to treat my child in case of an emergency.

_____ Hospital of choice

_____ Parent/Guardian Signature

_____ Date

Tell us about your child! _____

Permission for Release of a Child's Likeness

As parent or guardian of _____, I _____

Child's Name

Parent/Guardian's Name

give permission for The Learning House to use my child's image (photo and video) in their promotional materials and the media.

_____ date