Peace Community Learning Center
Registration/Information Form

Student Name: _____ **D.O.B.:** _____

_____
(Address)

_____
(City) (State) (Zip Code)

Primary Phone #: _____ **Secondary Phone #:** _____
(Area Code) Number (Area Code) Number

Circle One: ***Female*** ***Male***

Mother/Guardian:_____ **Marital Status:** _____

_____
(Address/ if different from child's)

_____
(City) (State) (Zip Code)

Cell Phone #: _____ **e-mail address:** _____
(Area Code) Number

Occupation: _____ **Work Phone #:** _____
(Area Code) Number

Name/Address of Employer: _____

_____

Work Days/Hours: _____

Father/Guardian:_____ **Marital Status:** _____

_____
(Address/ if different from child's)

_____
(City) (State) (Zip Code)

Cell Phone #: _____ **e-mail address:** _____
(Area Code) Number

Occupation: _____ **Work Phone #:** _____
(Area Code) Number

Name/Address of Employer: _____

_____

Work Days/Hours: _____

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Child/Family's Primary Religion: _____

Home Church: _____

Pastor/Priest: _____

School District: _____
(Name) (Number) (City)

Emergency Information:

Allergies or other medical conditions: _____

_____

Doctor/Physician Group: _____
(Name)

_____
(Address)

_____ **Phone #:** _____
(Area Code) Number

Preferred Hospital: _____
(Please note that in an emergency your child will be, in all likelihood, taken to the closest hospital.)

Persons authorized to pick up child daily or in an emergency (must have at LEAST two who are local):

1.) Name: _____ **Phone #s:** _____
(Area Code) Number

Address: _____

Relation to child: _____

2.) Name: _____ **Phone #s:** _____
(Area Code) Number

Address: _____

Relation to child: _____

3.) Name: _____ **Phone #s:** _____
(Area Code) Number

Address: _____

Relation to child: _____

Signature: _____ **Signature:** _____
Parent/Guardian Parent/Guardian (both required if married, residing in the same house, or if custody is shared.)