

Office use:  
Start date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Office use:  
End Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

# MFLC Enrollment Form

2014/2015

## STUDENT INFORMATION

Student's Name \_\_\_\_\_, \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

School \_\_\_\_\_ Phone # \_\_\_\_\_ School Year \_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Teacher's Email \_\_\_\_\_

## PARENT INFORMATION

**Mother** (guardian) \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ x \_\_\_\_\_ **Email** \_\_\_\_\_

Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Employed by: \_\_\_\_\_

**Father** (guardian) \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ x \_\_\_\_\_ **Email** \_\_\_\_\_

Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Employed by: \_\_\_\_\_

If parents are divorced, which parent has custody? \_\_\_\_\_

List names of all persons to whom the child may be released: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

Name of person, **other than parents/guardians**, to contact in case of emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ x \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

**SCHOOL EXPERIENCES**

Does your child have any of the following accommodations at school: IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Occupational Therapy \_\_\_\_\_  
(MFLC staff may ask to review copies of this information in order to develop the most appropriate teaching plan)

What is your child's favorite subject(s)? \_\_\_\_\_

What kind of grades does your child make? Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Your child would benefit from help in: Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Other \_\_\_\_\_

**MEDICAL HISTORY**

Is your child currently taking medication? \_\_\_\_\_ If so, please specify reason and how often \_\_\_\_\_

Check the following if applicable: Glasses? \_\_\_\_\_ Hearing aid? \_\_\_\_\_ Food allergies? \_\_\_\_\_ Asthma? \_\_\_\_\_ ADD/ADHD? \_\_\_\_\_

Behavior problems? \_\_\_\_\_ Other? Please specify \_\_\_\_\_

Note any concerns or comments that may assist us as we put together your child's personalized tutoring plan. If additional space is needed, please write on the back of this form. \_\_\_\_\_

**How did you hear about McCauley Family Learning Center?**

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Banner \_\_\_\_\_ Flyer \_\_\_\_\_ Brochure \_\_\_\_\_ Friend \_\_\_\_\_ Website \_\_\_\_\_ Other



*I verify that all the information on this form is accurate and true to the best of my knowledge.  
To ensure the most positive academic outcome, I agree to support the MFLC instructional staff/administration  
and I will see that my child does the same.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MFLC's non-discrimination Policy: It is the policy of this learning center that no person shall be subjected to discrimination because of race, color, national origin, sex, creed or sexual orientation. This policy applies to every aspect of the center's programs, practices, policies and activities including client services and employment practices.