



**PasadenaLEARNs**  
**Registration/Emergency Contact Form**  
**Fall 2009 - 2010**

**Fee Scale**  
 \$0 - \$100/month  
 Monthly fee determined by family income  
 and number of household members.

Student Name: \_\_\_\_\_ School \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Ethnicity:

Decline to State <input type="checkbox"/>	Other <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Asian <input type="checkbox"/>
Multiracial <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Native Hawaiian or Pacific <input type="checkbox"/>	American Indian or Native Alaskan <input type="checkbox"/>	White <input type="checkbox"/>

Allergies/ Medical Conditions: \_\_\_\_\_

Does the student take prescription medication after school? \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Student Lives at this Address yes / no

Student Lives at this Address yes / no

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact Information**

The following people listed below are authorized to pick up my child:

1. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
2. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My student has permission to sign-out

Bus  Walk home  Walk home with: \_\_\_\_\_

Parent Signature \_\_\_\_\_

**Parent Information**

Is there anything else that LEARNs needs to know about your student?

**Please read carefully and sign below:**

I understand that attendance in the LEARNs program is important. Completing this form does not guarantee enrollment. Space is limited. All students must attend LEARNs for 3 hours per day, 5 days a week and sign-in in a timely manner. Students with more than 3 unexcused absences during any session may be dropped from the program. Students who are not picked up at 6:00pm will be charged a late fee of \$5.00 per child for the first five minutes, or any part thereof, and \$1.00 per minute thereafter. All students are required to wear some sort of identification which is provided by the site. Students must display positive behavior and good citizenship. Any serious offenses may result in immediate dismissal from the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: 351 S. Hudson Ave., Room 207 • Pasadena, CA 91109 • tel # (626)396-3614 • fax # (626)405-1941**