

Cave Spring Learning Center (CSLC)

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student's Last Name: _____

First Name: _____

Grade: _____

Address: _____ City _____ State _____ Zip _____

Birthdate: (mm/dd/yyyy) _____ Gender (assigned at birth): M F

Child resides with: Both Parents Mother Father Other:

PRIMARY PARENT/GUARDIAN INFORMATION

Name: _____ Mother Father

Legal Guardian Address: _____ City _____

State _____ Zip _____

Phone: _____ E-mail: _____

Work Phone: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____ Mother Father

Legal Guardian Address: _____ City _____

State _____ Zip _____

Phone: _____ E-mail: _____

Work Phone: _____

ATTENDANCE

Anticipated Arrival/Departure Times: _____ AM _____ PM

AUTHORIZED PICK-UPS/EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone (primary): _____

Alternate Name: _____ Relationship: _____

Phone (primary): _____

HEALTH HISTORY & EDUCATIONAL INFORMATION

Physician/Medical Facility Information Physician Name: _____

Address: _____ Phone: _____

Health History & Emergency Care Plan

Check any special medical condition that your child may have.

- No specific medical condition
- Asthma Cerebral Palsy/Motor Disorder Diabetes Epilepsy/Seizure Disorder
- Gastrointestinal or feeding concerns including special diet and supplements

Other condition(s) require special care - **If your student has an IEP at their current school please include information here. Please explain:**

- Milk allergy (If a child is allergic to milk, attach a statement from the medicine professional indicating an acceptable alternative.)
- Food allergies - Please specify:

Parent/Guardian agreement

I understand that I will be responsible for my child and their success at the learning center. I will be my child's primary Learning Coach and will meet on a weekly basis with my child's secondary Learning Coach (paraprofessional at the CSLC). I understand that the success of my child depends on my involvement with their education.

Attendance Policy

I understand that as the parent it is my responsibility to have my student at the Learning Center no later than 7:30am and my student must be picked up at 3:30pm unless other arrangements have been made with the CSLC.

Photography Release

YES/NO (Circle one) I hereby irrevocably release, consent and allow the Cave Spring Learning Center and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the Cave Spring Learning Center, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Field Trips

I give permission for my child to attend walking field trips off property with adult supervision.

Name of parent or guardian (please print)

Signature of parent or guardian

Date

NOTE: The enrollment acceptance email from Georgia Cyber Academy must be provided along with this Registration Form in order for a student to be registered to attend the CLSC.

Additional AUTHORIZED PICK-UPS/EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone (primary): _____

Name: _____ Relationship: _____

Phone (primary): _____

Please provide any additional information that might be helpful for CSLC staff to know in order to help your student be successful!