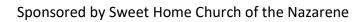
## **Child Registration Form**

## Supervised Virtual Study Center





Child's Name (Please Print)				
	Last	First	MI	
Child's Home Address				
Parent's Name				
Parent's Home address (if diffe	erent)			
Parent's Contact Info				
	Cell Phone		email	
Emergency Contact Name and	Number			
Food / Medication Allergies?				
Child's Grade Sc	hool			
Teacher's Name				
Virtual Class Information				
Is there an IEP or 504 Plan in p	lace? (circle) YES	or NO		
If YES, would you share i	t with us? (circle) Y	ES or NO		
Any additional needs or inform	nation so that the child	I may be successful?		
,		•		
		· · · · · · · · · · · · · · · · · · ·		
Parent Signature:			Date:	