



Literacy:  
Learning for Life.  
L'alphabétisation,  
Une leçon pour la vie.

## LEARNER REGISTRATION FORM - CHILDREN AND YOUTH (Under 18 years)

Date: \_\_\_\_\_ City: \_\_\_\_\_

Program Location: \_\_\_\_\_

### A. Information on Your Child or Children

#### Child 1.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are there any health concerns, medications, or allergies that Frontier College should know about?

\_\_\_\_\_

What does your child like to do?

\_\_\_\_\_

#### Child 2.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are there any health concerns, medications, or allergies that Frontier College should know about?

\_\_\_\_\_

What does your child like to do?

\_\_\_\_\_

#### Child 3.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are there any health concerns, medications, or allergies that Frontier College should know about?

\_\_\_\_\_

What does your child like to do?

\_\_\_\_\_

...Please turn over and complete

**B. Parent/ Caregiver Contact Information:**

Your name: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

**Note:** Frontier College will ask you to complete a survey in the winter so we can learn how the program has helped your child.

**C. Alternate Emergency Contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**D. Permission**

1. I agree that Frontier College can ask my child about his or her goals, and the progress he or she has made. I agree that Frontier College can assess my child's skills. I understand that my child can refuse to answer if he or she is not comfortable with a question. All information will be kept private.  Yes  No
2. I allow Frontier College to photograph or videotape my child. I understand that these photos/videos may be printed in newspapers, web sites, or reports, and that my child's name will not be included.  Yes  No
3. I agree that Frontier College can ask me or my child for feedback on the program.  Yes  No

**E. Picking up my child at the end of the program (if applicable):**

**\*\*\*Important: Indicate with an "X" if your child can go home alone OR if you will pick up your child.**

( ) **I ALLOW** my child to go home alone at the end of the program.

( ) **I DO NOT ALLOW** my child to leave the program alone. I agree that I will pick up my child **within 15 minutes after the end of the program.** If another person picks my child up, I will inform Frontier College in writing.

**F. Disclaimer:**

By signing below, I agree that Frontier College cannot be held responsible for any harm or injuries that may occur during the program or after my child leaves the program.

\_\_\_\_\_  
Parent/ Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

...Please turn over and complete