Elm Fork Education Center

Home School LABS Registration Form

Parent(s) Name_____ Date_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____ Other phone_____

E-mail_____

Semester _____FALL _____SPRING YEAR_____

Participant Name	Age	Lab Level			Cost
1._____	_____	_____HS	_____MS	_____ES	$_____
2._____	_____	_____HS	_____MS	_____ES	$_____
3._____	_____	_____HS	_____MS	_____ES	$_____
4._____	_____	_____HS	_____MS	_____ES	$_____
5._____	_____	_____HS	_____MS	_____ES	$_____
				Total*	$_____

*Tuition payment is not due until week 2 of labs. An invoice will be sent to you via email with a link for payment by credit card.

EMERGENCY CONTACT NAME_____

HOME PHONE: ( )_____CELL PHONE: ( )_____

PRIMARY CARE PHYSICIAN: _____
ADDRESS_____
CITY_____STATE_____ZIP_____
PHONE: ( )_____

Please list the name of your health/accident insurance carrier (s) and appropriate policy certificate number (s):

_____ _____
NAME OF CARRIER POLICY NUMBER

Does this student(s) have any chronic or acute medical problems?_____
Please explain:_____
List any allergies to food, pollen, or medicine:_____
_____
List any medications being taken at present time:_____
_____