

Student Information		
Name of Student	MALE FEMALE	
Date of Birth	(MM/DD/YY)	
Child lives with	Father Mother Both Guardian	
Name of School	Grade	
Name of Student	MALE FEMALE	
Date of Birth	(MM/DD/YY)	
Child lives with	Father Mother Both Guardian	
Name of School	Grade	
How did you hear about Top Learning Center?		
Referral by _____ Walking by _____ Mailer/Flyer _____ TV _____		
Radio _____ Newspaper (which one) _____ Other _____		
Parents Information		
Father's Name		Home Phone:
Address	Street	Apt #
	City	State Zip code
Email:	Work Phone:	Cell Phone:
Mother's Name		Home Phone:
Address; If different than father's	Street	Apt #
	City	State Zip code
Email:	Work Phone:	Cell Phone:
Emergency Contact Name & Phone No.		Relationship:
Doctor's Name:		Phone:

Acknowledgment of Enrollment

1. Monthly fee and Registration fee.

- A. Registration fee is due at the time of enrollment.
- B. Monthly fee is due in advance, by the end of each month, for services to be rendered the following month.
- C. Once the student attends one class session, the monthly fee is non-refundable.
- D. If student returns to TLC within 6 months, the registration fee is waived. If the student does not return within 6 months, he/she is considered "discontinued" and is required to pay another registration fee for re-entrance.
- E. The above rules apply when the student transfers to another Top Learning Center.

I have read and agree to the terms listed in the above "Acknowledgement of Enrollment."

Signature of Parent/Guardian

Date

Summer Pre-Registration Form

Name: _____ Grade in Fall: _____ School: _____

TIME	DAYS					Office Use Only
	Mon.	Tues.	Wed.	Thur.	Fri.	
9:00						Term:
10:00						
11:00						Tuition:
12:00						
1:00						Material:
1:30						
2:30						Registration:
3:30						
4:30						Evaluation:
5:30						
6:00						Total:

Please mark the classes you wish to attend and return it to the office.

Morning class: 9-12 _____	Half Day: 9-2:30 _____	Full Day: 9-6 _____
Middle School: 2-6 _____	Subject Class: _____	Evaluation Only: _____
Tutor: _____	Sport: _____	Test Date: _____

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