



*LILI provides what you need for success!*

**Leading Into Learning Institute**  
**After-School/Weekend Program Registration**

**Student Information**

Last Name	First Name	Sex	Birthday	Grade	School

A photo of your child(ren) may be used on our brochure, website, or publications. If you object, please check the box.

**Course(s) to Register**

Course Name	Day & Date	Time	Class Site	Fee	Note (Office Use Only)

**How did you hear about LILI:**  LILI's class     LILI's website     LILI's Email     LILI's flyer  
 My Child's school     Friends (Name): \_\_\_\_\_  Others (Please specify): \_\_\_\_\_

**Total Payment:** \$ \_\_\_\_\_  Cash     Money Order     Check (made payable to LILI at the address below)

**Parent/Guardian Information**

Name: _____		Last	First
Salutation: Dr./Mr./Ms./Miss/ or _____		Email: _____	
Phone: _____		Home	Work      Cell
Preferred Way to Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email		Best Time to Contact: _____	
Address: _____		Street	City      Zip

**(To Be Continued at the Back)**

### Emergency/Medical/Insurance Information

Name to Contact	Home Phone	Work/Cell Phone	Relationship

Medical problems, including allergies?  No.  Yes (If yes, please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In case of an accident or emergency, I understand that I or the afore-named person will be notified and transport the child(ren) to the hospital or home depending on the situation. If none of the afore-named persons above can be reached, I authorize that my child(ren) be taken to the nearest medical center for treatment. **I agree that I will be responsible for all the expenses.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Below is the insurance information for my Child(ren):**

Child's Name	Insurance Carrier	Group Number	Medical Number	Authorized Hospital	Physician's Name & Phone

In order to better serve your child(ren), please make us be aware of any special conditions or behaviors and recommendations for ways to provide consistency: \_\_\_\_\_  
 \_\_\_\_\_

I understand that the California State Law prohibits Leading Into Learning Institute to administer medication (prescription and over-the-counter) without written and signed approval by Parent/Guardian and Physician.

### Persons Authorized to Pick Up

Name	Home Phone	Work/Cell Phone	Relationship

If a different person drops in and picks up the child(ren), any afore-named person is required to **show a valid photo ID when picking up the child(ren).**

### Office Use Only

Note: \_\_\_\_\_