



## Teaching / Learning Center Pre-registration Form

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

Child's Name		
Birth Date	Age (years & months)	Gender
Parent's Names		
Address (street, city, zip code)		
Telephone #'s	Work:	
Home:	Cell:	
Enrollment Beginning Date: _____		

How did you find out about our program?

Child's previous school group experiences:

Does your child have any health problems that may be of concern?

Upon enrollment I do \_\_\_ don't\_\_\_ give permission to share this information with the Parent Committee.

*Thank you for your interest in the program.*



Please return forms to:

Teaching / Learning Center  
7700 Clocktower Drive  
Kirtland, OH 44094- 5198

Questions? Contact:  
Cris Vanek, TLC/CK Director  
(440) 525-7196 or (440) 525-7500

Email: \_\_\_\_\_

Email: \_\_\_\_\_