



Teaching / Learning Center Pre-registration Form

Full-time Part-Time

Today's Date: _____

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

Please return forms to:

Teaching / Learning Center
 7700 Clocktower Drive
 Kirtland, OH 44094- 5198
 Robin Ray, rray@lakelandcc.edu

Questions? Contact:
 Cris Vanek, TLC/CK Director
 (440) 525-7196 or (440) 525-7500
 Fax # (440) 525-7637

Email: _____

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