



# SINGAMATH LEARNING CENTER

## Registration Form

Student's Name: \_\_\_\_\_

(Last)

(First)

Age: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ (MM, DD, YY)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Program(s) registering for: \_\_\_\_\_

Preferred Day & Time (if applicable) : (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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

Parent/Guardian(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number (Evening): \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

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

What is the preferred way to communicate with you? \_\_\_\_\_

Highest education obtained: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ (Cell) \_\_\_\_\_

(Must provide an ID to pick up the child)

Any medical conditions that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Skills Assessment & Goal Setting Conference Schedule

(Must be scheduled for the first week from date of registration)

### Preferred Date and Time for Skills Assessment:

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)
1st Choice					
2nd Choice					
3rd Choice					

### Preferred Date and Time for Goal Setting Conference:

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)	(1:30PM - 6:00 PM)
1st Choice					
2nd Choice					
3rd Choice					