



STAR FOCUS CENTER

LEARNING CENTER

Registration Form

DATE OF REGISTRATION

/ /

STUDENT INFORMATION

ADDRESS

Last Name : _____

Address : _____

First name : _____

City : _____ State : _____

Date of Birth : / /

Zip Code : _____

Grade : _____

Gender : Male Female

NON-PARENT EMERGENCY CONTACT

Main Language : _____

Name : _____ Name : _____

Applicable Discount: _____

Phone Number: _____ Phone Number: _____

PARENT/GUARDIAN 1 INFORMATION

PARENT/GUARDIAN 2 INFORMATION

Full Name : _____

Full Name : _____

Date of Birth : / /

Date of Birth : / /

Gender : Male Female

Gender : Male Female

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Preferred Communication: Phone Email

Preferred Communication: Phone Email

Preferred Contact Time: _____

Preferred Contact Time: _____

CLASS INFORMATION

Camp: A B Both Days: Mon Tues Wed Thurs Fri

Management Notes:

STUDENT MEDICAL INFORMATION

PERSONAL INFORMATION

STUDENT NAME:	D.O.B:	WEIGHT:
PARENT NAME:	BLOOD TYPE:	HEIGHT:

MEDICATIONS AND SUPPLEMENTS

MEDICATION	SUPPLEMENT	USAGE	DOSAGE

FOOD, DRUG AND OTHER ALLERGIES

ALLERGIES	TREATMENTS	NOTES



STAR FOCUS CENTER

MEDICAL RELEASE FORM

Should your child be hurt in an accident and we are unable to contact the parent or guardian. The name of the two individuals who is listed on the registration form will take responsibility in seeking medical attention.

Should there be any changes to the above information, please inform the school immediately.

If Star Focus Center is unable to contact both the student's guardians and the emergency contact listed on the registration form, Star Focus Center has the authority to seek medical attention for the student with no objection from the student's parents.

Student Last Name:	Student First Name:
Family Doctor:	Phone Number:
Medical History:	
Parent/Guardian Signature:	Date:

Management Notes: