



Student Information + Emergency Release

Student Name: _____ Home Phone: _____
Home Address: _____
Birthdate: _____
School for Fall: _____ Grade for Fall: _____
Siblings Name: _____ Grade for Fall: _____
Legal Guardian's Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Legal Guardian's Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Best Email: _____

Emergency Contact Name: _____
Relationship: _____ Cell Phone: _____

Allergies: _____
Medical History: _____
Additional comments/concerns: _____
Payment Information: _____ Exp. Date: _____
CVC: _____

**Payment will only be charged on provided card if balance becomes outstanding. Initials

In the event of an emergency where I cannot be contacted, I authorize the Naples Learning Center to secure whatever medical care is necessary for the safety and well-being of my child. I will assume all costs incurred for any emergency care.

Signature of Parent or Guardian: _____ Date: _____