



LUCY ZELMAN'S LEARNING CENTER

NEW ATTITUDE!! NEW HABITS!! BETTER GRADES!!

Registration Form

Today's Date: _____ Student's Name: _____

Birthday: _____ School: _____ Grade: _____

Portal: Log in: _____ Password: _____ School Email: _____

Student's Cellular: (_____) _____ - _____ Student's Email: _____

Parent's Name: _____ Parent's Name: _____

Parent's Cellular: (_____) _____ - _____ Parent's Cellular: (_____) _____ - _____

Home Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Parent's Email: _____ Parent's Email: _____

Home Address: _____ Home Address: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Emergency Contact:

Person & Phone Number: _____ & (_____) _____ - _____

Medications & Dosages: _____

Does your child have allergic reactions to anything specific? If so, please list.

Doctor's Names:

Pediatrician: _____ Phone Number: (_____) _____ - _____

Neurologist : _____ Phone Number: (_____) _____ - _____

Psychologist : _____ Phone Number: (_____) _____ - _____

Testing Date: _____ Evaluator: _____ Copy: _____

Session Information:

Please select the modality you are interested in:

Face to Face Sessions Virtual Sessions Hybrid (Scheduled Mixture of Session Types)

Please select the program and session length you are interested in:

Homework Help Sessions: 1.5 - hour (F2F only) **One-on-One** Sessions: 1 - hour 2 - hour

Please select the days your child will be attending:

Monday Tuesday Wednesday Thursday

Please List Preferred Appointment Times: _____

Registration/ materials fee, due at registration \$175.00 per semester.

