



LUCY ZELMAN'S
Learning Center
 at Bet Shira Congregation

Registration Form

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

Birthday: _____ **School:** _____

Student and/or Parent

Grade: _____ **Portal: Log in:** _____ **Password:** _____

Home Address: _____ **City:** _____ **Zip Code:** _____

Student's Cellular: _____ **Student's Email:** _____

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

Home Phone: _____ **Daytime Phone:** _____

Parent's Cellular: _____ **Parent's Cellular:** _____

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

Business Name: _____ **Business Name:** _____

Business Address: _____ **Business Address:** _____

Phone: _____ **Phone:** _____

Do you prefer invoices sent by Email? **Yes** **No Email:** _____

Emergency Contact Information: _____

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:** _____

Please select the program you are interested in:

- Homework Coaching One -on One Tutorials Standardized test Preparation

Tutoring Subjects: _____

Please select the days your child will be attending:

- Monday Tuesday Wednesday Thursday

Appointment Time: _____

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

