



## EDUCATION CENTER

### STUDENT REGISTRATION FORM

#### Child Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Parent/Guardian Information

With whom the child lives with: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Father/Guardian Information

Address (if different from child) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Media Release

I, \_\_\_\_\_, give Children On Board Education Center permission to  
(Parent/Guardian Name)  
photograph and video my child, \_\_\_\_\_, for advertising and marketing  
(Child Name)  
purposes.

\_\_\_\_\_  
Parent Signature