

Plus Teach Learning Center

Medical Information:

Doctor: _____ Phone: _____

Please list all medical concerns that the staff should be aware of: (allergies, vision, hearing etc.)

In the event of an emergency, I allow Plus Teach Learning Center to call 911 and have my child transported to the local hospital for treatment. I agree to pay for all medical treatment.

Parent/Guardian's Signature: _____ Date: _____

Child's Development:

Please tell the staff any information that would help us understand your child better (fears, separation issues, etc.): _____

Child's Personality:

Please tell us any information that would help us understand your child better (shy, bossy, talkative, quiet, etc.) _____

I wish to enroll my child at Plus Teach Learning Center.

Parent/Guardian's Signature: _____ Date: _____