



Harrison Learning Center

620 Essex St
Harrison NJ 07029
Phone (973) 484-0950
Fax (973) 484-1973
Email: Harrisonlearning@aol.com

Child's Name _____ Start Date _____ A/R _____

Birth Date _____ Age _____ Sex (Male/Female) _____

Street Address _____

City _____, NJ Zip _____

Father's Name _____ Address _____

Home Phone # _____ Work Phone # _____

Cell Phone# _____

Mother's Name _____ Address _____

Home Phone # _____ Work Phone# _____

Cell Phone# _____

Marital Status (Mar./Sep./Div./Wid./Single.) _____

PERSONS AUTHORIZED TO ASSUME RESPONSIBILITY:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Relationship _____ Relationship _____

Child's Doctor's Name: _____

Address: _____

By my signature I attest to the following:

I have received the Information to Parents Document, Philosophy and Discipline Policy. I have also received The Harrison Learning Center's Parent's Handbook.

I grant my child permission to participate in all outdoor activities.

I hereby understand and agree to comply with tuition policy (if applicable).

In the event of a medical emergency, I authorize **THE HARRISON LEARNING CENTER, INC.** to seek emergency medical care for my child as deemed necessary by the Director.

That all information provided on this document is correct.

My Child has no restrictions or limitations

Signature of Parent/Guardian

Date