The Learning Center
THANKSGIVING BREAK PROGRAM

I give my child permission to participate in the Thanksgiving Break Program. @ The Learning Center 60 Civic Ave

Sessions Requested:

Half-Day
☐ 6:00a -12:00p ☐ 9:00a -3:00p ☐ 12:00p - 6:00p ☐ 6:00a – 3:00p

Full Day
☐ 6am-6pm

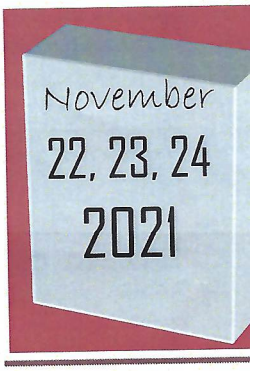
School Site_____

_____ _____ _____
Student's Full Name Grade Date of Birth

_____ _____
Parent/Guardian Name (Please print) Student ID #

_____ _____
Home Address City Zip

_____ _____ _____
Home Phone Work Phone Cell Phone



In case of emergency please contact:_____

_____
Name Relationship Phone: work/home/cell

Does your child have health coverage? ❒Yes ❒No

_____ _____ _____
Name of Medical Insurance Policy/ Insurance # Primary Insured's Name

_____ _____
Medical History that may be of importance Medication Student is taking

_____ _____
List any Allergies

_____ _____
Name of Child's Doctor Telephone