

FLEX Summer 2021 Registration Form

Student's Name: _____

What grade is your child going into for the 2021-2022 school year? _____

Name of school for the 2021-2022 school year: _____

1. Parent/Guardian Name: _____

Home Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

2. Parent/Guardian Name: _____

Home Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

List two people who may be called as an **alternate emergency contact and who may pick your child up** from The Learning Lab:

1. Name: _____

Phone: _____ Email: _____

2. Name: _____

Phone: _____ Email: _____



LearningLabFL.com

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Credit/Debit Card Authorization Form

You may cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until canceled.

credit card authorization
<p>Card Type:</p> <p> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express </p>

Credit Card _____

Expiration Date _____

CVV _____ ZIP _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

Incomplete Processing of Payment:

If the processing of your credit card payment is incomplete for any reason, you will be notified immediately and asked to complete your payment. If payment is not made within three (3) days, a **\$25.00** late fee will be applied.

Media Release Form

I, the undersigned, do hereby grant or deny permission to Learning Lab FL LLC to use images and/or recordings of my child:

Child's Name _____,

as marked by my selection below:

- Deny permission to use images and/or recordings at all.

- Grant permission to use my child's image and/or recordings.

Parent/Guardian
Signature: _____

Date: _____

Parent/Guardian
Print Name: _____