

M\_\_ T\_\_ W\_\_ Th\_\_ F\_\_  
Class \_\_\_\_\_  
Application Received \_\_\_\_\_  
Cash \_\_\_\_\_  
Date & Check # \_\_\_\_\_

### Tuckston Learning Center Registration Form

Name of Child \_\_\_\_\_

Date of Birth (mm/dd/year) \_\_\_\_\_ Sex of Child \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### Parent/Guardian Information

1. \_\_\_\_\_  
Name Cell phone Work phone

2. \_\_\_\_\_  
Name Cell phone Work phone

I understand payment for registration is non-refundable \_\_\_\_\_ (initial please)

Bring/mail this completed form to: Connie Bowen, Tuckston Learning Center  
4175 Lexington Road; Athens, GA 30605; (706) 548-8400  
Once we receive this registration with payment, you will be given an enrollment packet.

Rev. 2/09

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