



Peachtree Pop-Up Class Registration

2020

Class Name: _____

Student's Name: _____ Gender: (circle one) M F

Date of Birth: _____ Age: _____ Grade Level: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Home Phone #: _____

Student Email: _____

Cell Phone: _____ Work Phone: _____

Payment Policy: Half of the fee will be due upon registration as a deposit and security of your registration. The other half is due on the first day of class.

I have read the payment policy and agree to its terms. (Please check)

Parent/Guardian Signature: _____ Date: _____



Peachtree Learning Center

Parental Approval/Liability Release Form

I authorize Peachtree Learning Center's Director, or one of its teachers to approve treatment of _____ in case of a medical emergency. I hereby hold harmless and forever discharge the party approving treatments, Peachtree Learning Center, or any extension faculty, its officers, agents, and employees from any action resulting from said approval including injury, illness, death, or loss of or damage to property, which the above said child may suffer from while participating in above mentioned program.

Notice: In case of an accident or illness incurred while attending Peachtree Learning Center Inc., the parent's health insurance will be the primary carrier to any other insurance.

Parent's Signature

Parent Address: _____ Phone: _____

Email Address: _____