

# EDWARDS Learning Center

## Application Form

Separate applications must be submitted for each child

Date of Application \_\_\_\_\_

Child's full Name \_\_\_\_\_

Child's Name Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's School \_\_\_\_\_ Child's Grade \_\_\_\_\_

Child's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Gender M F

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Performance Concerns (If applicable)

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Type to tutoring Required    Math            Reading            HomeWork Help  
SAT/PSAT Prep    Other (Please Specify) \_\_\_\_\_

Circle Preferred Days (if available)    M   T   W   TH   F   S