



## Learning Center Patron Registration Form

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Barcode: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

last first

Address: \_\_\_\_\_

street city state zip

E-mail: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

I understand the CMCSS Elementary School Handbook applies to the Learning Centers.

Signature: \_\_\_\_\_

10/17/2012, Rev. B

TLC-F002



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