

**Please Print and fill out the following form and fax to: 803.798.3050
Or mail to: Midland's CLC, P.O.Box 5618 Columbia, SC. 29250**

Student Registration Card

Parent or guardian must sign

Student Name: _____

Student Email: _____

Grade: _____ Brithdate: _____

Address: _____

City: _____ Zip: _____

Student's Church (if applicable): _____

Name of Parent/Guardian: _____

Relationship to Student: _____

Parent Email: _____

Daytime Phone: _____

Home Phone: _____

Health Problem or Special needs:

Emergency Contact Information

Name of person to contact: _____

Relationship to student: _____

Telephone 1: _____ Telephone 2: _____

I, _____ request that my child _____ be released from _____ during an elective class period to attend a Christian Education class offered by Midlands' Christian Learning Centers in partnership with local churches.

The Christian Learning Centers (CLC) offer classes without regard for race, religion, sex, age, national origin, or handicap. All students must have parental permission and be escorted off school property and returned after each period by program staff. CLC carries all necessary insurance and is legally responsible when students leave school property. Classes are offered during the school day but CLC is not part of the public school. The school does not endorse or oppose CLC but accommodates the wishes of parents to release their children for its classes.

By signing below, I understand that CLC has adapted the discipline code of my child's school and that my child may be removed from the CLC program for violations. I give permission for my child to participate in entrance and exit evaluation surveys. I hereby give CLC, their legal representatives and assigns, those acting with permission, or their employee, the right and permission to copyright and/or use, and/or publish, and republish video graphic or photographic images or portraits of my child including the use of any printed matter or web sites in conjunction herewith.