



Welcome to Sylvan EDGE Programs!

Windsor Mill Student Information & Consent Form

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

Emergency Contacts:

Name: _____ Relationship to Student: _____

Email: _____

Primary Phone: _____ Phone 2: _____

Name: _____ Relationship to Student: _____

Email: _____

Primary Phone: _____ Phone 2: _____

My child has my permission to be picked-up by:

Name: _____ Relationship to Student: _____

Primary Phone: _____ Phone 2: _____

Name: _____ Relationship to Student: _____

Primary Phone: _____ Phone 2: _____

Does your student have any allergies? Is there anything else we should be aware of?

Circle: **YES** or **NO** Additional Comments: _____

Primary Care Physician: _____ **Phone:** _____

In the event of an emergency where I (or my spouse) cannot be contacted, I authorize Sylvan Learning Center to secure whatever medical care is necessary for the safety and well-being of my child. I will assume all costs incurred for emergency care.

I give permission for pictures/videos to be taken of my child to be used in email communications sent to families in his/her class. Footage will not be used for any other reason or shared with persons outside of your student's class.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ **Date:** _____