



Tutoring & Mentoring

iL.E.A.D. Success Tutoring and Mentoring, Ltd.  
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## Registration Form

### Participant Information

<u>Child #1</u>	<u>Child #2</u>
<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Gender:</b>	<b>Gender:</b>
<b>Age/Grade:</b>	<b>Age/Grade:</b>
<b>School Attended:</b>	<b>School Attended:</b>
<b>Teacher:</b>	<b>Teacher:</b>
<b>Area in Need of Services:</b>	<b>Area in Need of Services:</b>
<b>Prince George's County Library Cardholder?</b>	<b>Prince George's County Library Cardholder?</b>

### Parent/Guardian Primary Contact

**Name:** \_\_\_\_\_ **Relationship to Participant(s):** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Number:** (\_\_\_\_) \_\_\_\_\_

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

**Alternate Emergency Contact (Name/Number):** \_\_\_\_\_

**Each child's Medical Conditions, Allergies, or Special Medical Needs (specify):** e.g. diabetic, seizures, allergic to penicillin

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