



School City of Mishawaka

Equipping Students to Excel

BORN LEARNING ACADEMY **REGISTRATION FORM - Ages 0-5 Years Old**

Parent/Guardian Name: _____

Child 1 Name: _____ Age: _____ Date of Birth: _____

Child 2 Name: _____ Age: _____ Date of Birth: _____

Child 3 Name: _____ Age: _____ Date of Birth: _____

Family's Home Address: _____

Family's Home Phone Number: _____ Home School: _____

Parent's email address: _____

Location: LaSalle Elementary

**1511 Milburn Ave.
Mishawaka, IN 46544**

**Dates: Thursday, February 21, 28, March 7, 14,
21, and 28**

Time: 5:30 pm - 7:00 pm

Yes, I give my consent for my child to be photographed, videotaped or interviewed, and that they may be used for publications, reports, presentation, websites, and social media. I recognize that I may withdraw this consent by notifying, in writing, the Born Learning Academy Facilitator.

Parent/Guardian's PRINTED Name: _____

Parent/Guardian's SIGNATURE: _____

Date: _____