



BORN TO SUCCEED & Level Up

Summer Preparatory Learning Lab,

Since 1994

Registration Form

Page 1 of 2

Please Print:

Student Name: _____ New Grade Level _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ email _____

Work Phone _____ Cell Phone _____

Type School(s) Attending: Check all that apply.

- | | | | |
|---|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Private/Church | <input type="checkbox"/> Public | <input type="checkbox"/> Charter | <input type="checkbox"/> Home School |
| <input type="checkbox"/> College Prep | <input type="checkbox"/> Online | <input type="checkbox"/> Military | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Career Prep | <input type="checkbox"/> Other (specify) _____ | | |

Main subject(s) of academic need: Check appropriate subject(s).

- () Mathematics () Language Arts () Reading Comprehension

Academic Options: Check

- | | |
|--|--|
| <input type="checkbox"/> Grade 1 -12 On-site Classes | <input type="checkbox"/> Grade 9 – 12 Online Classes, only |
| <input type="checkbox"/> For High School Credit | <input type="checkbox"/> Non-High School Credit |

In Case of emergency Contact: Please Print

1. _____ Phone _____

2. _____ Phone _____

Authorized Pick-Up Person(s): Please Print

1. _____ DL # _____

1. _____ DL# _____

No student can be enrolled without this signed liability release document accompanying the registration form.

Thank you,

BTS LIABILITY OF RELEASE

It is my understanding that Mrs. Arrington and/or the staff will give their best efforts to help my child improve and advance academically. However, it is my primary responsibility to assure that my child is present at each lab session and does what is required and requested for academic improvement and advancement. I also understand and agree that the pastor, director, staff, The American Academy for Young Professionals, Inc., AA-YP (Gr.6-12), Household of Faith Church, nor Lifting Christ Worship Center, Incorporated, are liable for any sickness nor injury to my child while at lab.

Parent Signature: _____

Date: _____



Director email:
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