

# 2GEN

## Learning Center

### Application for Enrollment

---

Last Name

First Name

M.I.

Birth Date

Email Address

Street Address

City

State

Zip Code

Cell Phone Number

OK to text?

YES

NO

Employer

Position

---

### Education

Name of High School

Name of Last Educational Program  
Attended

Last Grade Completed in School

Year You Left School

Did you receive special education services at school?

Yes

No

Which subjects do you need the most help with?

Math

Reading/Language Arts

Science

Social Studies

Which session are you applying for?

Monday - Thursday, Morning:  
9:30 a.m. - 12:30 p.m.

Monday - Thursday, Afternoon:  
12:00 p.m. - 3:00 p.m.

Enrollment Period:

Fall (September - December)

Winter (January - March)

Spring (April - June)

Do you have any problems with the schedule? Please describe:

Why do you want to participate in the program?

What would you say is your greatest personal strength?

What do you feel has been the biggest obstacle for you in achieving your educational goals?

Are you currently on probation? If so, please list the name and contact information for your probation officer:

Do you give Literacy and Beyond staff permission to contact and speak with your probation officer?

YES      NO

Have you ever been convicted of a crime against children? If yes, more information must be provided in order for your application to be considered.

YES      NO

---

## Family Information

Name of child #1 who will attend the program with you

Gender

Male

Female

Child's Birth Date

Child's age

Father's Name

Father's Phone Number

Current medications, medication allergies, food allergies, or chronic health concerns.

Please describe your child's personality. List any behavioral concerns you may have.

---

Name of child #2 who will attend the program with you

Gender

Male

Female

Child's Birth Date

Child's Age

Father's Name

Father's Phone Number

Please describe your child's personality. List any behavioral concerns you may have.

Current medications, medication allergies, food allergies, or chronic health concerns.

Names and ages of other children who live in your home.

---

## Emergency Information

Do you have any life threatening allergies or medical conditions? Please describe:

Emergency Contact Person's Name

Emergency Contact Phone Number

Are there any safety issues we should be aware of for you or your children? Please describe:

---

I understand that application to the program does not guarantee acceptance. Literacy and Beyond reserves the right to use interviews, assessments, and the responses on this application to evaluate my ability to meet the program requirements. I understand that I will be notified by email of acceptance to the program and to schedule an appointment for enrollment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

---

## For Office Use ONLY

Photo ID Copied

Imm. Record

Photo Release

Insurance Card

Liability Waiver

HiMama

LaB Database

Student Handbook

Attendance Policy

Counseling Waiver

Background Check

Assessments

Referral Source

Enrolled in Head Start, Early Head Start, or Great Start? List student name, age, and location.