



Huntington Beach City School District Learning Link

Registration Form



Children & Families
Commission of Orange County

Parent/Guardian Information:

Primary Caretaker's Name: _____

Secondary Caretaker's Name: _____

E-mail Address: _____ @ _____

Address: _____

City: _____ Zip Code: _____ Phone Number: _____



Primary Language:

English Spanish Other (please specify) _____

Resources you would like more information about:

- | | | |
|------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Child Abuse Prevention/Treatment | <input type="checkbox"/> Child Education |
| <input type="checkbox"/> Counseling/Mental Health/Emotions | <input type="checkbox"/> Dental Care (free and low cost) | <input type="checkbox"/> Drug/Alcohol/Tobacco/Addictions |
| <input type="checkbox"/> Family Planning/Pregnancy | <input type="checkbox"/> Health Care/Medical | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> English Language Programs | <input type="checkbox"/> Parenting Resources | <input type="checkbox"/> Self Help/Support Groups |
| <input type="checkbox"/> Youth/Recreation/Activities | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Release of Child Information:

- | | | |
|------------------------------|-----------------------------|------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child's Name/Work on Website or District Publication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child's Photo on Website or District Publication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Newspaper/Television/Media |

Child Information: Please list the following information regarding your child(ren)

First Name	Last Name	M/F	Age	Date of Birth

Name of child care and/or preschool your child attends _____

Has your child ever been seen for special needs and/or concerns (e.g. speech, OT, PT, etc.)? yes no

How did you hear about the Learning Link? friend e-mail website school communication other

Parent/Guardian Signature

Date