



# 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)

Child's 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**