

# Arlington Community Learning Clinic

## Student Registration & Permission Form

Hosted by MethodK Learning Design in partnership with Faith Lutheran Church

Thank you for participating in the Arlington Community Learning Clinic. This form helps us maintain accurate contact information and provide a safe, welcoming learning environment for all students.

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### Student Information

Student Name: \_\_\_\_\_

Grade Level (Current or Rising): \_\_\_\_\_

School (Optional): \_\_\_\_\_

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### Parent / Guardian Information

Parent / Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (if different): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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### Medical or Accessibility Information (Optional)

Please share any information that may help us support your student.

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## Program Acknowledgement

The Arlington Community Learning Clinic is a free drop-in educational support program designed to help students strengthen academic skills, receive guidance, and ask questions in a community learning environment.

By signing below, I acknowledge that:

- I am the parent or legal guardian of the student listed above.
- I give permission for my student to participate in the Community Learning Clinic hosted by MethodK Learning Design in partnership with Faith Lutheran Church.
- I understand that the clinic provides educational support and is not a childcare program.
- I remain responsible for my student's transportation to and from the clinic.
- Students may arrive and depart during clinic hours at will.
- Students are expected to behave respectfully and contribute to a positive learning environment.
- MethodK Learning Design reserves the right to discontinue participation if a student's behavior repeatedly disrupts the learning environment or creates safety concerns.

Parent / Guardian Signature:

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Date:

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