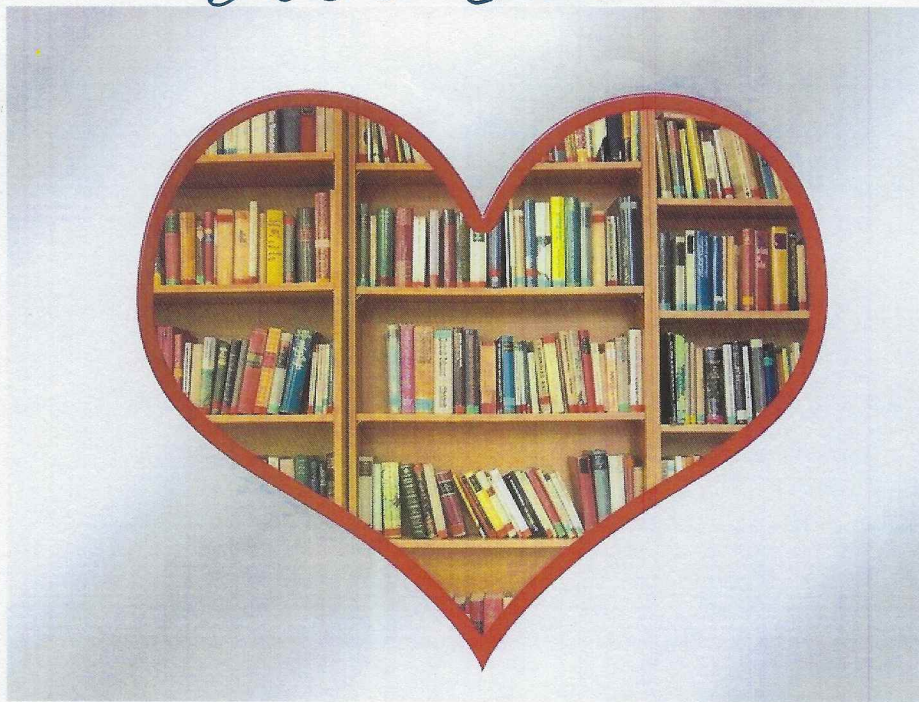


Book Club



Student Name: _____ Parent Name(s): _____
Home Address: _____
Email Address: _____
Phone numbers: _____
Emergency Contact in case we cannot reach a parent: _____
School Attending _____
Average 6 week Reading or Language Arts grade: _____
Food allergies or other medical conditions we would need to be aware of: _____
Has your student ever been diagnosed with any condition which would impact their ability to process information, communicate answers or stay attentive? _____
Is there anything else you would like for the TEC staff to know about your student?

RELEASE OF LIABILITY: I hereby agree to be responsible for the conduct and actions of my child/children and to release Texas Educational Consultants (TEC) from any claims and demands that may occur during participation in any TEC session held on or off premises. Furthermore, I agree to release TEC and its employees and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on TEC premises, to the extent allowed by law.

Parent/Guardian Printed Name _____
Parent/Guardian Signature _____
Child/Children's Name(s) _____ Date _____

Thanks for sharing just a little bit of your child's success with us! We look forward to a wonderful and productive summer! Please complete this form and return along with a check for either the deposit of \$50 or the total cost of \$125 to: Texas Educational Consultants 15818 Mueschke Rd. Cypress, TX 77433