



# BORN TO SUCCEED & Level Up

## Summer Preparatory Learning Lab,

Since 1994

### Registration Form

Page 1 of 2

**Please Print:**

Student Name: \_\_\_\_\_ New Grade Level \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type School(s) Attending: Check all that apply.

- |   |  |                                   |                                      |
|---|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Private/Church | <input type="checkbox"/> Public                | <input type="checkbox"/> Charter  | <input type="checkbox"/> Home School |
| <input type="checkbox"/> College Prep   | <input type="checkbox"/> Online                | <input type="checkbox"/> Military | <input type="checkbox"/> Leadership  |
| <input type="checkbox"/> Career Prep    | <input type="checkbox"/> Other (specify) _____ |                                   |                                      |

Main subject(s) of academic need: Check appropriate subject(s).

- ( ) Mathematics                      ( ) Language Arts                      ( ) Reading Comprehension

Academic Options: Check

- |  |  |
|--|--|
| <input type="checkbox"/> Grade 1 -12 On-site Classes | <input type="checkbox"/> Grade 9 – 12 Online Classes, only |
| <input type="checkbox"/> For High School Credit      | <input type="checkbox"/> Non-High School Credit            |

In Case of emergency Contact: Please Print

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Pick-Up Person(s): Please Print

1. \_\_\_\_\_ DL # \_\_\_\_\_

Contact Email: [dr.jlarrington@gmail.com](mailto:dr.jlarrington@gmail.com)

Onsite Locations: 216 Roebuck Drive  
Birmingham, AL 35215

(205)833-4416, Ext. 240  
(205)475-9990

2. \_\_\_\_\_

DL# \_\_\_\_\_

No student can be enrolled without this signed liability release document accompanying the registration form.

Thank you,  
BTS

**LIABILITY OF RELEASE**

It is my understanding that Mrs. Arrington and/or her staff will give their best effort to help my child improve and advance academically. However, it is my primary responsibility to assure that my child is present at each lab session and does what is required and requested for academic improvement and advancement. I also understand and agree that the pastor, director, staff, The American Academy for Young Professionals, and Lifting Christ Worship Center, Incorporated, are not liable for any sickness not injury to my child while at lab.

Signed \_\_\_\_\_

Date \_\_\_\_\_