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Learning is Infinite for Explorers Enrollment Application

Name _____ Address _____
(Parent)

Name _____
(Child)

Telephone () _____ - _____ Cell () _____ - _____

Age _____ Grade _____ Male _____ Female _____

Are there any other children in the home who may benefit from this program?

- Does your child have allergies? Yes _____ No _____
- Does your child take prescription medications? Yes _____ No _____
- Does your child have a life-threatening illness? Yes _____ No _____
- Does your child have a hard time staying on task? Yes _____ No _____
- Does your child have behavioral concerns? Yes _____ No _____

If yes, please describe briefly _____

(Printed Name)

(Parent Signature)