



Learning is Infinite for Explorers
Tutoring Service & After School Program

Keierra Owens

M.A., Special Education
Liife Tutor/ Vision Board Artist
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KeierraO.Liife@gmail.com

In case of an emergency please contact:

Primary contact _____ Relationship _____

Phone () _____ - _____

Secondary contact _____ Relationship _____

Phone() _____ - _____

Parent Signature _____

In case I am unable to pick up my child/children I hereby authorize the following individuals to pick up my child/children.

Name _____ Parent Signature _____

Name _____ Parent Signature _____

My child is allergic to _____

I have read and fully understand the above information. _____

Witness _____ / _____

Program Director



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