

*** Attention Staff: Make a copy of Photo ID & attach to the back of this form ***

Heiskell Enterprise Center

Computer Lab Registration (CHILD)

Date: _____
Name: _____ Age: _____ Gender: _____
Date of Birth: (MM/DD/YY) _____
Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
Tel. #: 1() _____
Current School: _____
School Address _____

Emergency Contact: _____
Relationship to Child: _____
Emergency Contact Tel. #: 1() _____
Cell Phone #: 1() _____
Emergency Contact Address: _____
_____ Apt #: _____
City: _____ State: _____ Zip: _____

Computer Applications Knowledge: _____

Reason for Attending Open Lab:
