



iL.E.A.D. Success Tutoring and Mentoring

P.O. Box 1388

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Tutoring & Mentoring Registration Form

Participant Information

Child #1	Child #2
First Name:	First Name:
Last Name:	Last Name:
Gender:	Gender:
Age/Grade:	Age/Grade:
Area in Need of Services:	Area in Need of Services:
Prince George's County Library Cardholder?	Prince George's County Library Cardholder?

Parent/Guardian Primary Contact

Name: _____ **Relationship to Participant(s):** _____

Address: _____

Phone: (____) _____ **Alternate Number:** (____) _____

E-mail: _____

Alternate Emergency Contact (Name/Number): _____

Each child's Medical Conditions, Allergies, or Special Medical Needs (specify): e.g. diabetic, seizures, allergic to penicillin
