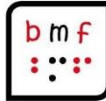




# Exploration Learning Center

*Supported By*



**Bryce Martin Foundation**  
Supporting Visually Impaired Children



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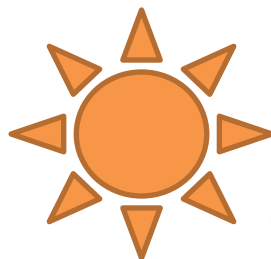
*ELC Enrollment Application*

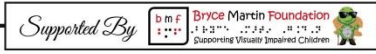
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9308 Fairbanks Drive, Raleigh, NC 27613

[info@brycemartinfoundation.org](mailto:info@brycemartinfoundation.org)

[brycemartinfoundation.org](http://brycemartinfoundation.org)





### SECTION 1- Child Information

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### SECTION 2- Mother Information

Mother's Name: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Mother's Mobile Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

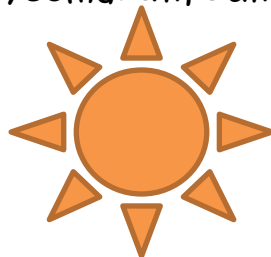
Occupation: \_\_\_\_\_

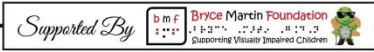
Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**SECTION 3- Father Information**

Father's Name: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Father's Mobile Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student lives with:

Mother  Father  Both  Guardian  Other

**SECTION 4-Emergency Contact Information**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

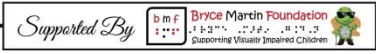
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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SECTION 6- Medical Information

Is your child visually impaired? \_\_Yes \_\_No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have other medical conditions? \_\_Yes \_\_No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_

Primary Doctor's Address:

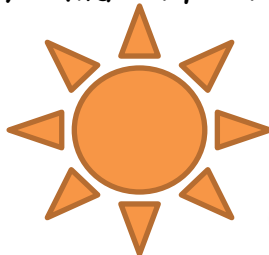
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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## SECTION 7- Additional Child Information

Does your child have any food allergies? \_\_\_Yes \_\_\_No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any siblings? \_\_\_Yes \_\_\_No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your family have any pets? \_\_\_Yes \_\_\_No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Is there anything regarding your family, extended family or child that you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_

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