

Knowledge Rocks! at  
Open Door Resource Center  
212 W. Wyandot Avenue  
Upper Sandusky, Ohio 43351  
419/209-6736

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**Registration Form**

To be filled out by a parent or guardian of student. **Please fill in all blanks.**

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Contact Information:

Name of parent/guardian \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Emergency Contact Number other than yourself \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Student referred to our program by \_\_\_\_\_

Please circle preferred session times (We will work with you to try to meet these times.)

Monday     3:00 PM – 3:50 PM     4:00 PM – 4:50 PM     5:00 – 5:50 PM

Wednesday 3:00 PM – 3:50 PM     4:00 PM – 4:50 PM     5:00 – 5:50 PM

If you are not able to pick your child up from Open Door at the end of his/her session, **ONLY the adults listed below will be able to sign your child out.** For the protection of all parties, persons picking your child up **MUST be able to produce a valid ID** before signing your child out; this includes parents/guardians. **Open Door will NOT release your child into the custody of anyone not on this list and not able to produce valid ID.** You will be contacted if someone who is not on the list comes to pick up your son/daughter.

**Please list adult/relationship to student/phone number**

1. \_\_\_\_\_

2. \_\_\_\_\_

If there are special circumstances regarding the sign-out of your child that Open Door may need to alert you or authorities, please describe the issue below.

(Example: custody issues, restraining order)

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Additional Notes

- Health issues \_\_\_\_\_
- Food allergies (we will provide a snack or student may bring their own)  
\_\_\_\_\_
- Other \_\_\_\_\_

Open Door Resource Center is a faith-based organization motivated by the love and compassion of Jesus Christ and desires to do God's work through programs such as Knowledge Rocks. As such we like to offer your student the opportunity for prayer before his or her tutoring session begins. Do we have your permission to pray a short prayer with your child? Yes \_\_ No \_\_

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Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Signature K Rocks Representative \_\_\_\_\_ Date \_\_\_\_\_