



WELCOME TO HOBBLE CREEK LEARNING

Dear Parents,

Thank you for your interest in the Hobble Creek Learning Homework Lab. The purpose of the Homework Lab is to provide a distraction-free environment where your child can receive homework help from qualified and experienced educators. Completing homework is often challenging for both parents and children. Time, resources, and distractions such as toys, television, video games, and the busy pace of everyday life can keep students from focusing and understanding their assignments. We provide an atmosphere where students can concentrate and receive the help and guidance they need.

Please fill out the following registration information to help us understand the needs of your student. The Homework Lab fee is \$40 a month. Your student can come every weekday or drop by when they need a little extra homework help. The Homework lab is open from 4:00-5:00pm. If you have any questions please feel free to call, stop by our office, or check out our website www.hobblecreeklearning.com.

Sincerely,

Brooke Dunkley
Business Manager
801-491-0825
brooke@hobblecreeklearning.com
www.hobblecreeklearning.com

Please return all registration materials to:

Hobble Creek Learning & Enrichment Center
PO BOX 627
Springville, UT 84663



Hobble Creek Learning
& Enrichment Center
PRE THRU 6TH GRADE

HOMWORK LAB REGISTRATION FORM

Child's Name _____ Sex: M F

Address: _____

Phone #: (____) _____ Date of Birth: _____

How did you hear about Hobble Creek Learning? _____

PARENT INFORMATION

Name of Mother/Female Legal Guardian: _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Name of Father/Male Legal Guardian: _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Parent Email Address: _____

CHILD'S INFORMATION

Grade Level: _____ School: _____

What subjects does your child need assistance with? _____

Does your child have any learning disabilities? Yes No

If yes, please describe: _____

Any vision, hearing, or speech problems? _____

Does your child wear glasses? Yes No

Does your child have any chronic health issues? _____

In Case of Emergency Contact (if you cannot be reached):

1st choice: _____ Phone: (____) _____

2nd choice: _____ Phone: (____) _____

Signature Parent/Legal Guardian

Date