



# FISHER COLLEGE

## Registration Form

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Employer: Dr. Day Care

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Evening #: \_\_\_\_\_

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

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### Method of Payment:

Flat Fee Cohort Paid By Center - Dr. Day Care/Kids Klub

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**Term: March /2019 (201964)**

**March 18 –May 11**

Month/Year

Course Number

Course Title/Section

ED121

Preschool Curricula

I understand that I am responsible for all costs incurred for this course(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FISHER COLLEGE

OFFICE OF THE REGISTRAR

## FERPA Release Form

CONSENT TO DISCLOSURE OF  
EDUCATION RECORDS (34 CFR §99.30)

Student Name

ID Number

Date of Birth

Address

I, the undersigned, hereby authorize Fisher College to release the following educational records and information:

Academic    Financial    Medical    Student Conduct

Other (Please Specify): \_\_\_\_\_

To: Dr. Day Care - Laurie Gorman / Tracy Cheney  
Kids Klub RI Governor's Workforce - Grants - Stephen Ackerman

(Name and address of person/Agency to Receive Information)

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Office of the Registrar at Fisher College, but that any such revocation shall not affect disclosures previously made by Fisher College prior to the receipt of any such written revocation.

Student Signature

Date

Parent/Guardian Signature

Date

If student is under 18

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.