

**826 BOSTON TUTORING APPLICATION: 2014-2015  
AFTER SCHOOL TUTORING-AGES 6-18  
GROVE HALL BRANCH OF THE BOSTON PUBLIC LIBRARY**



**Child/Teen Information**

Child's/Teen's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Tutoring Sessions**

Requested Day(s) \_\_\_\_\_ Requested session time \_\_\_\_\_

Tuesday  Thursday  3:00-4:15 pm  4:15-5:30 pm

After tutoring, child/teen  Must be picked up  Can leave with another child/teen  Can leave alone

**Parent/Legal Guardian Information**

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

**Family Statistical Information (This information is for statistical purposes only, to satisfy funding agency requirements, and is kept confidential)**

Please choose which race(s) or ethnicity best describes the child/teen

American Indian/Alaskan Native  Caucasian  Multiracial  West Indian  Asian  African American

North African/ Middle Eastern  Latino  Other \_\_\_\_\_

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

Did the child/teen qualify for free or reduced lunch at school in the **2012-2013 school year**?  Y  N

How did you hear about this tutoring program? \_\_\_\_\_

My child/teen has also participated in 826 Boston's:

Workshop(s)  Summer Camp  School Field Trip  Publishing Project/Chapbook  Tutoring in Egleston Square

**Child/Teen Medical and Educational Information**

Does child/teen have any medical conditions? (asthma, heart condition, seizures, diabetes, hearing/sight loss, etc.)  Y  N

If yes, please explain \_\_\_\_\_

Does child/teen have any food allergies?  Y  N If yes, please specify \_\_\_\_\_

Does child/teen take any medication during the day?  Y  N If yes, please specify \_\_\_\_\_

Does child/teen have special needs or an IEP?  Y  N If yes, please specify \_\_\_\_\_

Has child/teen had to repeat a grade or attend summer school for any subjects?  Y  N Please specify \_\_\_\_\_

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Date Rec'd	Rec'd By	Past Participant? <input type="checkbox"/> Y <input type="checkbox"/> N	Date Admitted	<input type="checkbox"/> Database	<b>N</b> <small>NEW</small>	<b>R</b> <small>RETURNING</small>	<b>#</b>
<input type="checkbox"/> Email List	Date Withdrawn/Dropped	Notes					

- CONTINUED ON OTHER SIDE -

Child's/Teen's Name
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**Please read the following and initial to indicate you have read and understand each policy, and sign below to indicate you accept these policies.**

	<b>MAINTAINING CURRENT CHILD/TEEN AND FAMILY INFORMATION:</b> I hereby certify that, to the best of my knowledge, the statements I have made on this application are true and correct. I agree to contact 826 Boston if my contact information changes so that 826 Boston can ensure they have the most current information on file. I agree to update 826 Boston if the child/teen's legal guardian changes while he/she is enrolled in tutoring.
<i>Initials</i>	

	<b>TIMELINESS:</b> If the child/teen has not arrived for tutoring within the first 15 minutes of his/her assigned session with a tutor, another student may take his/her spot for the rest of the session. If I have indicated that my child must be picked up, I understand that the person authorized to pick him/her up must arrive on time. If that person is not on time, I recognize that my child will be released into the library and will not be directly supervised by an adult. I understand that my child/teen will be subject to the policies and procedures outlined in the Boston Public Library's Safe Child Policy outside of their registered tutoring session.
<i>Initials</i>	

	<b>SAFE CHILD POLICY:</b> I acknowledge that I have read and understood the Boston Public Library's Safe Child Policy.
<i>Initials</i>	

	<b>ATTENDANCE:</b> I understand that if my child/teen misses more than two weeks of after-school tutoring without my notifying 826 Boston in advance that he/she will be absent, my child/teen may be dropped from the program.
<i>Initials</i>	

	<b>PUBLISHING AND SHARING WITH PARTNER ORGANIZATIONS:</b> I give 826 Boston permission for my child/teen to be published for the purposes of my child/teens' learning and/or publicity for the program. I understand that 826 Boston may sell my child/teen's work to benefit the program and that my child/teen will not receive any compensation from the sale of his/her work. I authorize 826 to share my child/teen's work with partner organizations for non-commercial use.
<i>Initials</i>	

	<b>PHOTOGRAPHING, RECORDING, AND SHARING WITH PARTNER ORGANIZATIONS:</b> I give 826 Boston permission for my child/teen to be photographed, videotaped, published, and/or audiotaped for the purposes of my child/teens' learning and/or publicity for the program. I authorize 826 Boston to share images, recordings, and videos of my child/teen and/or his/her work with partner organizations for non-commercial use.
<i>Initials</i>	

	<b>EMERGENCY MEDICAL TREATMENT &amp; LIABILITY WAIVER:</b> I give permission for my child/teen to receive emergency medical treatment if necessary. I understand that 826 Boston cannot assume responsibility for injury or death and I agree to hold harmless 826 Boston, their directors, officers, employees, and volunteers, from any liabilities, demands, or claims for damage.
<i>Initials</i>	

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By signing below, I certify that:

- I have read and understand the policies listed above.
- I agree to the policies listed above.

\_\_\_\_\_  
Parent/Legal Guardian Signature OR Student Signature (if 18 years or older)

\_\_\_\_\_  
Date