

**826 BOSTON TUTORING APPLICATION: 2014-2015**  
**AFTER SCHOOL TUTORING-AGES 6-18**  
**SATURDAY TUTORING-AGES 12-18**



<b>Child/Teen Information</b>			
Child's/Teen's Name _____	Birth Date _____	Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	City _____	ZIP _____	

<b>Tutoring Sessions</b>			
Requested Day(s)		Requested session time(s) (weekdays only)**	
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Saturday (ages 12 & up only) - 1:00-3:00 pm		<input type="checkbox"/> 3:00-4:30 pm	<input type="checkbox"/> 4:00-5:30 pm
		<input type="checkbox"/> 3:30-5:00 pm	<input type="checkbox"/> 4:30-6:00 pm
**PLEASE NOTE: If the time your child/teen can attend is flexible, you may apply for multiple session times, but your child/teen will only accepted into <u>one</u> of the sessions you've marked. Please do not mark sessions the student will be unable to attend.			
After tutoring, child/teen <input type="checkbox"/> Must be picked up <input type="checkbox"/> Can leave with another child/teen _____ <input type="checkbox"/> Can leave alone			

<b>School Information Please fill in as much information as you know about next school year (2014-15)</b>		
School (2014-15) _____	Grade (2014-15) _____	Teacher(s) (2014-15) _____

<b>Parent/Legal Guardian Information</b>			
Home Phone _____	Email _____		
Name _____	Relationship _____	Cell/Work Phone _____	
Name _____	Relationship _____	Cell/Work Phone _____	

<b>Family Statistical Information (This information is for statistical purposes only, to satisfy funding agency requirements, and is kept confidential)</b>			
Please choose which race(s) or ethnicity best describes the child/teen			
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> North African/ Middle Eastern	<input type="checkbox"/> Latino	<input type="checkbox"/> Caucasian
<input type="checkbox"/> West Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Other _____			
Language(s) spoken at home _____	Does child/teen qualify for free or reduced lunch at school? <input type="checkbox"/> Y <input type="checkbox"/> N		
Child/Teen attended tutoring during these school year(s)	<input type="checkbox"/> 2008-09	<input type="checkbox"/> '09-'10	<input type="checkbox"/> '10-'11
	<input type="checkbox"/> '11-'12	<input type="checkbox"/> '12-'13	<input type="checkbox"/> '13-'14
Child/Teen has also participated in	<input type="checkbox"/> Workshop(s)	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> School Field Trip to 826 Boston
	<input type="checkbox"/> Publishing Project/Chapbook		

<b>Child/Teen Medical and Educational Information</b>	
Does child/teen have any medical conditions? (asthma, heart condition, seizures, diabetes, hearing/sight loss, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please explain _____	
Does child/teen have any food allergies? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please specify _____	
Does child/teen take any medication during the day? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please specify _____	
Does child/teen have special needs or an IEP? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please specify _____	
Has child/teen had to repeat a grade or attend summer school for any subjects? <input type="checkbox"/> Y <input type="checkbox"/> N Please specify _____	

**--CONTINUED ON OTHER SIDE--**

For Agency Use Only (make a copy of application for Saturday binder if applicable)						WAIT LIST <input type="checkbox"/> AS <input type="checkbox"/> S		
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>	<b>R</b>	<b>#</b>
<input type="checkbox"/> Email List	Date Withdrawn/Dropped _____	Notes _____				NEW	RETURNING	

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Child's/Teen's Name \_\_\_\_\_

**Please read the following and initial to indicate you have read and understand each policy, and sign below to indicate you accept these policies.**

	<p><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.</p>
Initials	

	<p><b>TIMELINESS &amp; ATTENDANCE:</b> If I have indicated that my child/teen must be picked up after tutoring, I understand that if I am tardy more than three times, 826 Boston may reduce the number of hours my child/teen may attend tutoring. <i>AFTER-SCHOOL TUTORING:</i> 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>SATURDAY TUTORING:</i> I understand if my child/teen has scheduled to meet with a tutor on Saturday, and does not attend the session, my child/teen may not be able to sign up for future Saturday tutoring sessions.</p>
Initials	

	<p><b>CONTACTING SCHOOL STAFF AND SPECIAL EDUCATION PROVIDERS:</b> I give 826 Boston permission to contact my child/teen's teachers to discuss his/her academic progress, to contact his/her school counselors, therapists, and special needs providers as needed, and to obtain copies of report cards. I authorize 826 Boston to request assessment and evaluation results from my child/teen's school in both verbal and written form.</p>
Initials	

	<p><b>ASSESSMENTS &amp; RESULTS:</b> I give 826 Boston permission to assess my child/teen's academic skills, including his/her reading and writing skills. I give 826 Boston permissions to share these assessment results and my child/teen's writing with partners, school staff, and funders.</p>
Initials	

	<p><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.</p>
Initials	

	<p><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 to share images, recordings, and videos of my child/teen and/or his/her work with partner organizations for non-commercial use.</p>
Initials	

	<p><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.</p>
Initials	

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 \_\_\_\_\_