

826 BOSTON  
**2014-15 SATURDAY TUTORING APPLICATION**  
 AGES 12-18



**Child/Teen Information**

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

**Tutoring Sessions**

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

**School Information**

School \_\_\_\_\_ Grade \_\_\_\_\_  
 Teacher(s) \_\_\_\_\_

**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  West Indian  Asian  African American  
 American Indian/Alaskan Native  North African/Middle Eastern  Latino  Caucasian  Multiracial  Other \_\_\_\_\_

Language(s) spoken \_\_\_\_\_ Did child/teen qualify for free or reduced lunch in **2012-13** at school?  Y  N  
 Child/Teen has attended tutoring at 826 Boston during the following school year(s)  2008-09  2009-10  2010-11  2011-12  2012-13  2013-14  
 Child/Teen has also participated in  Workshop(s)  Summer Camp  School Field Trip to 826 Boston  Publishing Project/Chapbook

**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 \_\_\_\_\_

--CONTINUED ON OTHER SIDE--

<i>For Agency Use Only</i>					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	N	R	#
<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 Email List	Date Withdrawn/Dropped _____	Notes _____					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>
<p><i>Initials</i></p>	

	<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>SATURDAY TUTORING:</i> I understand that I must call to reserve a tutor each week by 5pm on Thursday if my child/teen is planning on attending the following Saturday. I understand that if my child/teen has scheduled to meet with a tutor on Saturday, and does not attend the session without prior cancellation, my child/teen may not be able to sign up for future Saturday tutoring sessions.</p>
<p><i>Initials</i></p>	

	<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>
<p><i>Initials</i></p>	

	<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>
<p><i>Initials</i></p>	

	<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>
<p><i>Initials</i></p>	

	<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>
<p><i>Initials</i></p>	

	<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>
<p><i>Initials</i></p>	

By signing below, I certify that:

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

<p>Parent Signature  <b>OR</b></p>	<p>Date</p>
<p>Student Signature (if 18 years or older)</p>	<p>Date</p>