

826 BOSTON
SATURDAY TUTORING APPLICATION
 AGES 12-18, 2015-2016



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

Tutoring Sessions	
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

School Information Please fill in as much information as you know about <u>next</u> school year (2015-16)	
School (2015-2016) _____	Grade (2015-2016) _____
Teacher(s) (2015-2016) _____	

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	
<input type="checkbox"/> West Indian	<input type="checkbox"/> Asian
<input type="checkbox"/> African American	<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"/> 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 has attended tutoring during the following school year(s)	<input type="checkbox"/> 2009-2010 <input type="checkbox"/> 2011-2012 <input type="checkbox"/> 2013-2014 <input type="checkbox"/> 2015-2016
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

Child/Teen Medical and Educational Information	
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--

<i>For Agency Use Only (make a copy of application for Saturday binder if applicable)</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.

	MAINTAINING CURRENT CHILD/TEEN AND FAMILY INFORMATION: 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>	

	TIMELINESS & ATTENDANCE: 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. SATURDAY TUTORING: I understand that I must call to reserve a tutor each week by 5pm on Thursday if my child 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, my child/teen may not be able to sign up for future Saturday tutoring sessions.
<i>Initials</i>	

	CONTACTING SCHOOL STAFF AND SPECIAL EDUCATION PROVIDERS: 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.
<i>Initials</i>	

	ASSESSMENTS & RESULTS: 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.
<i>Initials</i>	

	PUBLISHING AND SHARING WITH PARTNER ORGANIZATIONS: 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>	

	PHOTOGRAPHING, RECORDING, AND SHARING WITH PARTNER ORGANIZATIONS: 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.
<i>Initials</i>	

	EMERGENCY MEDICAL TREATMENT & LIABILITY WAIVER: 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.
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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 Signature

Date

OR

Student Signature (if 18 years or older)

Date