



# Tutoring Program Application 2017

*This section to be filled out by the student's parent/guardian. Turn in to your student's teacher or school office by October 13, 2017!*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_ Teacher Email (required) \_\_\_\_\_

Parent/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ home  
\_\_\_\_\_ cell  
\_\_\_\_\_ (Zip Code)

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your student have any allergies/medical conditions?    Yes                  No

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

**Please circle the program you would like to sign your student up for (we will do our best to honor your first choice, but can make no guarantees)**

1<sup>st</sup> choice:    Reading                  Math                                  2<sup>nd</sup> choice:    Reading                          Math

**Please circle all time slots that will work for you. All Sessions are on MONDAYS (cannot guarantee availability)**

4:30-5:20                          5:30-6:20                          6:30-7:20

**What are some things you'd like us to know about your student?**

---

---

---

In consideration of my participation in the activities at the facility of Streams of Hope Community Center for the 2017-2018 school year, I hereby for myself /child and each of my associates and my family members, legal representative, and participants release and forever discharge the facility/school and all its affiliated organization and employees or otherwise from any and all claims, demands, actions, or cause of action on account of any injury/death to me or the named above which may occur from any cause during such participation and/or use of the facility. I/We have read the above waiver and release and acknowledge that I/We give up our substantial rights by signing this and sign it voluntarily, I also authorize and release Streams of Hope and/or employees to take and use photographs/videos of my child participating in any camps or trainings for publishing use and I waive the right to inspect or approve the use of the images and/or videos. I also give my consent for my student's school to release test scores for my student to Streams of Hope.

**Please sign and turn this in to your student's teacher or school office by OCTOBER 13, 2017. You will receive confirmation by text/mail about your acceptance and time slot. Lessons will begin on Monday, October 30. Contact Sue Harkema, tutoring program coordinator, with any questions at 616-204-4432 or [sue@streamsofhope.org](mailto:sue@streamsofhope.org).**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_