



After-school Tutoring Application

Child's Name _____ **Child's Grade** _____
First Last

Parent /Guardian _____ **Email** _____
First Last

Address _____
Street Apt./Fl.

City _____ **State** _____

Home Tel.# _____ **Cell#** _____

***** Circle or bold the best way to contact you for any last-minute schedule change *****

Emergency Contact _____
Name Home Phone # Cell #

Other Emergency Contact _____
Name Cell #

School Attending _____
Address Phone #

Any Allergies: _____

Best Day/Time for tutoring

Indicate day, time and subject area:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						
Subject						

Areas of Demonstrated Need:

math____ reading comprehension____ reading fluency____

writing____ vocabulary____ spelling____

Describe any academic, behavioral or social issues that affect your child’s ability to learn

Attach a copy of your child’s curriculum overview.

Tutoring Policies

STUDENTS are expected to arrive on time and prepared to learn. Students are expected to focus on their assignments and work collaboratively with their tutors. Students are expected to listen to directions and support a fun, safe, and respectful learning environment. Students are expected to use their time with tutors wisely and avoid distractions. Failure to follow directions will lead to a call home or, if three *Needs to Improve* notes are sent home, expulsion from the program can occur.

PARENTS AND GUARDIANS are expected to pick up students no later than 5 minutes pass the tutoring session. If tardiness in picking up a child is persistent, parents will be charged a fine. If a student plans to be absent on any tutoring day for which they had previously enrolled, the parents and guardians are expected **to call (0818 701 1490) or email discoveryteachingandlearning@gmail.com by 10am the day of the session** in order to avoid incurring an unexcused absence. Parents and guardians are expected to communicate any comments or concerns to coordinator or the tutor in a timely manner.

SIGNATURE

I have read and understand the After-school Tutoring enrollment packet, and I will support Discovery Teaching and Learning Center staff in maintaining a learning environment that is safe and fun for all students. ***By signing this application, you are authorizing and giving permission for your child to participate in our tutoring program***

Parent/Guardian: _____ Date: _____

I understand the After-school Tutoring expectations and consequences, and I will manage my behavior in a way that helps tutoring to be fun and safe for everyone:

Student: _____ Date: _____



Pickup Authorization form

To provide maximum safety for the children at Discovery Teaching and Learning Center, we ask you to fill out this form to inform the staff who can pick up your child at the end of the day. This form will be kept on file. Please provide three people who are authorized by you to pick up your child if you, the parent cannot pick your child up. **Picture ID is REQUIRED!**

Child's Name: _____

1. Name: _____

Phone Number: _____

Relation to the Child: _____

2. Name: _____

Phone Number: _____

Relation to the Child: _____

3. Name: _____

Phone Number: _____

Relation to the Child: _____