



# Tutoring Registration Form

Program sponsored by Olivet Missionary Baptist Church, in partnership with MNPS and United4Hope.

Date form completed: \_\_\_\_\_

## STUDENT INFORMATION

LAST NAME	FIRST NAME	School	Teacher's name
_____	_____	_____	_____

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## MEDICAL

Medical concerns (allergies, conditions, etc.): \_\_\_\_\_

EpiPen, inhaler or special equipment required: \_\_\_\_\_

*If special equipment is required, a signed Self Administer Medication form must be turned into the office prior to the first day of school.*

## EMERGENCY

Emergency contact: \_\_\_\_\_ Cell: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Cell number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(If different than above) \_\_\_\_\_

(If different than above) \_\_\_\_\_

If parent(s) or guardian can not be reached, I give permission for the following person to be contacted:

Name/Relationship to child \_\_\_\_\_

Cell number: \_\_\_\_\_

**PARENT AGREEMENT**

I/We have understand that participation in this program is strictly voluntary and my child has my/our consent to attend. I/We understand the nature and requirements of the program and with that understanding my child is qualified and able to participate in the tutoring program. I/We understand that tutoring is not a guarantee of success, however, this program will be beneficial to the academic goals of my child.

**PARENT/GUARDIAN SIGNATURE**

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Student Number: \_\_\_\_\_

Waitlist? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, order received number \_\_\_\_\_)

Notes: \_\_\_\_\_

\_\_\_\_\_