



## Cabrini Green Tutoring Program, Inc. STUDENT APPLICATION FOR LIT PROJECT

**Complete all parts of this packet and return them to our staff or  
2145 N. Halsted St. Chicago, IL 60614 by October 18, 2010**

Note: All information below will be shared with the child's tutor(s). Please print neatly.

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male    Female                      Ethnicity: African American    Hispanic    Caucasian    Asian    Other \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

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

*\*Name and phone number of emergency contacts must be different than guardian's home or work number.*

Grade in fall 2010 \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Why are you enrolling your child in tutoring? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child in any special education classes? \_\_\_\_\_

Has your child repeated any grade levels? \_\_\_\_\_ If yes, which grades(s)? \_\_\_\_\_

Does your child have any other special needs or things we should know (example: speech, ADD, medications, concerns, etc.)? \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If needed, please continue on a separate sheet.

Does your child have any food allergies or restrictions? \_\_\_\_\_

Are there other brothers/sisters/cousins attending this tutoring program? \_\_\_\_\_ List Names: \_\_\_\_\_

Is your child enrolled in the St. Vincent de Paul Center After-School Program? \_\_\_\_\_

**Office Use Only: M T W**

Tutor(s) Assigned: \_\_\_\_\_ Room: \_\_\_\_\_

Transportation:                      Bus                                              Parent

Stop: Blackhawk & Cleveland, 1450 Sedgwick, Evergreen & Sedgwick, Larrabee/Division, Orchard & North, Walton & Orleans, Hudson & Locust (900 Hudson), Chicago & Larrabee, Hobbie & Larrabee, Halsted & Evergreen

Financial Form:                      Yes    No                                              Internet Use:    Yes    No

STAR Test Results:

Tutor Recommendation:

**2009-2010 report card grades or copy of report card (please attach):**

	<u>Quarter 1</u>	<u>Quarter 2</u>	<u>Quarter 3</u>	<u>Quarter 4</u>
<b>Reading</b>				
<b>Writing</b>				
<b>Listening</b>				
<b>Speaking</b>				

**Recommendation from teacher (either '09-'10 school year or current teacher)**

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Literacy Intensive Tutoring (LIT) is intended to help struggling readers reach their potential and begin to work towards grade level reading. Reason(s) for recommendation into Literacy Intensive Tutoring (LIT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Scholastic Reading Level (or other, based on most recent diagnostic assessments): \_\_\_\_\_  
\_\_\_\_\_

Do you plan to refer the child for an IEP, 504 or special services? \_\_\_\_\_

If yes, for what and when? \_\_\_\_\_

Signature to recommend student to LIT Program: \_\_\_\_\_

**Recommendation from parent:**

Reason(s) for recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any other recommendations.

CAREFULLY READ AND SIGN ALL SECTIONS. RETURN THIS FORM TO THE TUTORING CENTER.

**PARENT/GUARDIAN COMMITMENT**

I give permission for my child to be enrolled in the Cabrini-Green Tutoring Program's LIT Project.

I understand the program is voluntary and the child must be approved by program staff. If my child is to remain enrolled, he/she must attend each session, twice a week and follow all rules.

I commit to assisting my child in being prepared for tutoring by completing and/or practicing any assignments the tutor deems appropriate and necessary.

I understand that attendance is mandatory to my child's improvement. My child will be in attendance on Monday and Wednesday evenings from 6:10-7:30pm. I will encourage good attendance and inform the tutor and/or Tutoring Program if my child is to be absent. I recognize that tutoring is a resource not to be taken away as a form of punishment.

I also permit the program to use any of my child's artwork, writings, photographs and/or media statements taken or created in connection with the program for any type of CGTP publicity or fund raising without requiring further approval.

I also permit the Cabrini-Green Tutoring Program, Inc. and my child's tutor to contact my child's school, teacher(s) and CPS to attain specific information about my child's academic performance and needs (including, but not limited to: report card grades, standardized test scores, homework scores, academic strengths and weaknesses, and general classroom performance).

I understand that CGTP neither encourages nor endorses off-site, independent relationships and activities between tutors and students. If such relationships and/or activities are to take place independent of the Tutoring Program, I recognize that CGTP is not responsible for accidents and/or incidents arising from such events.

In consideration of being permitted to participate, I do hereby waive and release CGTP and all affiliates, directors, employees, and volunteers from any and all claims for injuries, including death, damages, property damage, or loss which may occur on account of participation in the program, including field trips and special events.

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

Date \_\_\_\_\_

**MEDICAL CONSENT TO TREAT**

In the event of a medical emergency, I grant permission for my child to be transferred to a medical facility for treatment and receive the treatment deemed necessary by the qualified medical staff at that site. I will be responsible for all costs incurred with such treatment(s). I understand that in the event of such emergency, CGTP will make all reasonable attempts to contact the parent/guardian or emergency contact I have listed on the enrollment form.

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

Date \_\_\_\_\_

**TRANSPORTATION WAIVER AND RELEASE: *Must be completed by all participants.***

**See bus schedule for pick up times.**

*Bus Stops: Blackhawk & Cleveland, 1450 Sedgwick, Evergreen & Sedgwick, Larrabee/Division, Orchard & North, Walton & Orleans, Hudson & Locust (900 Hudson), Chicago & Larrabee, Hobbie & Larrabee, Halsted & Evergreen*

\_\_\_\_ My child will not be using the provided bus transportation. I understand that CGTP is not responsible for my child while being transported to and from the Tutoring Center.

\_\_\_\_ I grant permission for my child to ride the bus provided by CGTP and agree to the times and locations detailed in the bus schedule. I recognize that there are certain risks of physical injury involved in transporting children to and from the tutoring site. I agree to assume the full risk of any injuries, damages or loss which may be sustained as a result of participating and hereby waive and release CGTP and its affiliates, directors, employees, and volunteers from any and all claims which may accrue as a result of participating in this form of transportation. I understand that CGTP will bring my child to the designated stops at the scheduled times. A parent/guardian is responsible for the safe transport of the child from the bus stop to home.

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

Date \_\_\_\_\_