



Cabrin Green Tutoring Program, Inc. 2009-2010 STUDENT REGISTRATION FORMS

Complete all parts of this packet and return them at student registration or before your child attends tutoring.
Note: All information below will be shared with the child's tutor(s).

Please check one of the following:

___ My child has been a CGTP student for ___ years.

___ My child is new to CGTP. I found out about the program from: (circle one)

St. Vincent de Paul Center, CGTP Parent, CGTP Children, School Flyer, Teacher, Family, Community, Other _____

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 _____ 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 food allergies or restrictions? _____

Does your child have any other special needs or things we should know? _____ Please explain _____

If needed, please continue on a separate sheet.

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

Is your child enrolled in St. Vincent de Paul Center After School Program? _____

Preferred night for tutoring (Reminder: Tutoring will run from 6:10-7:30pm):

Monday Tuesday Wednesday First Available

Office Use Only: M T W

Tutor(s) Assigned: _____ Room: _____

Transportation: Parent Bus
Stop: Sedgwick, 900 Hudson, Larrabee/Division, Halsted/Evergreen

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, Inc. (CGTP)
I understand the program is voluntary. If my child is to remain enrolled, he/she must attend each week and follow all rules.
I commit to assisting my child in being prepared for tutoring by bringing homework and/or schoolbooks to each session.
I understand that attendance is important to my child's improvement. 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 and teacher(s) 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.*

Pick-Up Locations and Times: Sedgwick Ave. at 5:25pm, 900 N. Hudson at 5:35 PM; NW corner of Division & Larrabee at 5:45pm, corner of Halsted & Evergreen at 5:50pm.

Drop-Off Location: 2145 N. Halsted at 6:05PM

Return Locations and Times: Sedgwick Ave. by 7:45pm, 900 N. Hudson at approximately 7:50 PM, Division & Larrabee and Halsted & Evergreen by 7:55pm.

_____ My child will not be using the provided bus transportation. I understand that CGTP is not responsible for my child while walking or being driven 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 above. 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. ***Please circle the bus stop above that you will be using.***

Parent/Guardian Signature _____ Date _____

INTERNET USE

CGTP provides computers and internet capabilities to students for educational purposes only. It is a general policy of CGTP to promote the use of computers and the internet in a manner which is responsible, legal and appropriate. Although students are always with their tutors, student use of computers and the internet is a privilege. If a student violates this privilege, it may be taken away.

_____ My child may use the internet during tutoring for educational purposes.

_____ My child may not use the internet during tutoring. Parent Initials: _____