

# CABRINI GREEN TUTORING PROGRAM, INC.

## 2007-2008 STUDENT REGISTRATION FORMS

Complete all parts of this packet and  
return them to CGTP staff 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 about the program from: (circle one) St. Vincent de Paul Center, CGTP Parent, CGTP Children, School Flyer, Child's Teacher, He/She has siblings in the Program, Other \_\_\_\_\_

Name of Student \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

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

Guardian(s) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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

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

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

Grade \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

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

With what does he/she do best in school? \_\_\_\_\_

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 School Age 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: \_\_\_\_\_



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

**PARENT/GUARDIAN COMMITMENT**

I give permission for \_\_\_\_\_ to be enrolled in the Cabrini-Green Tutoring Program, Inc. I understand the program is voluntary. If my child is to remain enrolled, he/she must attend regularly 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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**TRANSPORTATION WAIVER AND RELEASE**

Pick-Up Location and Time: Sedgwick Ave. at 5:25pm, 900 N. Hudson at 5:35 PM; Schiller School at 5:45pm

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

Return Location and Time: Sedgwick Ave. by 7:45pm, 900 N. Hudson at approximately 7:50 PM, and Schiller School at approximately 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 \_\_\_\_\_