

WILLIAM YANDELL TUTORING PROGRAM 2018-19—STUDENT REGISTRATION

Name: _____ Date of Birth: _____ Gender: _____ Age: _____

School: _____ Grade: _____

Student's Teacher(s): _____

Name of Parents/Guardians: _____

Mailing Address: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Email Address: _____

What is the best way to contact you (circle one): email cell phone home phone text message

May we contact your student's teacher to coordinate learning opportunities? Yes _____ No _____

Emergency Contact Name: _____ Phone Number(s): _____

Does your student have any food allergies? Yes _____ No _____ If yes, what is your student allergic to? _____

Does your child have special needs we should be aware of? _____

Areas of concentration for your student (circle as many as apply): Reading Writing Math
Access to computers/internet for homework Quiet place to study Other: _____

What are your expectations and hopes for your child in this program? _____

Media Release

Webster-Rock Hill Ministries (WRHM) has my permission to use my or my child's photograph publicly to promote WRHM. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Internet and Computer Use Release

I understand that access to the Internet at WRHM is for educational purposes and that WRHM will take reasonable precautions to prevent access to controversial material. However, I understand that it is not possible to restrict access to all materials, and I will not hold WRHM liable for materials that may be acquired on the Internet by my child. I understand that my child's Internet and computer access will be valid as long as my child complies with the rules and requirements outlined by the Yandell Tutoring Program volunteers and WRHM staff.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____