



# SUCCESS FOR OUR KIDS, INC.

## After School Tutoring Program

### Enrollment

**Please Print**

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Last grade completed \_\_\_\_\_ Last school attended: \_\_\_\_\_

GPA last nine weeks report card \_\_\_\_\_ (Attach copy of report card to application)

Grade point Average (GPA) Last School Year \_\_\_\_\_ Parent's email address \_\_\_\_\_

Address: \_\_\_\_\_ - \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Street Address, City, State, Zip

Parent(s) Name: \_\_\_\_\_ Wk # \_\_\_\_\_ /Cell \_\_\_\_\_

My child may be released to: \_\_\_\_\_

**In case of emergency, call:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

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Reason for enrolling child into tutorial program \_\_\_\_\_

List your child's academic areas of strengths \_\_\_\_\_

List your child's academic weaknesses \_\_\_\_\_

Area(s) of Concern : Reading \_\_\_\_\_ Math \_\_\_\_\_ Language \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

Is child enrolled in another tutorial program? \_\_\_\_\_ yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_ When did child start? \_\_\_\_\_

Any health problems/restrictions that would prevent your child from participating in activities? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_

List any allergies (food, medication, insect, etc.) your child has \_\_\_\_\_

**CONSENTS**

**(1) COMMUNICATION**

**In order for this program to be of value to your child, it is important that parents and staff maintain consistent communication regarding your child's academic needs and progress. As an agreement to uphold your part, please sign the agreement below:**

I \_\_\_\_\_, agree to communicate with the tutorial program staff academic concerns and accomplishments of my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**(2) RELEASE OF LIABILITY FORM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless SOKS After-School Tutorial Program or John Baptist Church or its employees or agents representing or related to the this entity. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this After School Program. The undersigned further agrees to abide by all the rules and regulations promulgated by SOKS After School Tutoring Program/or its affiliate groups and vendors throughout the Program.

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian's Signature

**(3) PERMISSION TO PHOTOGRAPHS**

From time to time the program may be taking photographs that may appear in a public document or a document of this program. We will need your permission to publish your child's photograph. Please sign below:

\_\_\_\_\_  
**Child(ren)'s Name** (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date