

EXTRAORDINARY TUTORING STUDENT REGISTRATION

MAIN SITE: EAST LIBERTY PRESBYTERIAN CHURCH
TUESDAY – THURSDAY, 3:30 – 7:30 PM
412-361-0450

PITTSBURGH MENNONITE CHURCH
WEDNESDAY, 6:00-7:00 PM
412-421-8007

Although we cannot guarantee that we can match your child, we will make every effort to match him/her with a tutor as soon as a volunteer is available. Please feel free to keep us updated of any changes in your availability or contact information as this could speed up the process. Thank you!

TODAY'S DATE: _____

GENERAL INFORMATION (FOR RETURNING REGISTRANTS: WE ONLY NEED YOUR NEW INFORMATION. YOU CAN LEAVE THE REST OF THE LINES IN THIS SECTION BLANK.)

Student's Name: _____ Male Female

Grade: _____ Age: _____ Birthday: _____

School: _____ Teacher: _____

Parent/Guardian _____

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____ Cell Phone #2 _____

Work Phone: _____ E-mail _____

Employer _____ Employer Address _____ Zip _____

Name of Church/Congregation/Synagogue/Temple _____

SESSION INFORMATION

1. My student needs help with _____

2. Check the BEST location(s) for my student's sessions:

- East Liberty Presbyterian (East Liberty)
- Pittsburgh Mennonite Church (Greenfield)

3. The BEST times for my student's sessions would be (write **ALL** the available times for each available day):

TUESDAY Earliest Starting Time: _____ Latest Ending Time: _____

WEDNESDAY Earliest Starting Time: _____ Latest Ending Time: _____

THURSDAY Earliest Starting Time: _____ Latest Ending Time: _____

4. The days/times my student CANNOT come is _____

5. My student will go home from the ET sessions by and/or with _____

6. How did you find out about ET? _____

7. What other tutoring program(s) does your student use? (Include Beginning with Books, CCAC, Title 1)? _____

EXTRAORDINARY TUTORING

STUDENT REGISTRATION

ALTERNATE CONTACT INFORMATION

Please contact the following person(s) if I cannot be reached:

1. Name _____ Relationship _____
Address _____ Zip _____
Home # _____ Work # _____ Cell# _____

2. Name _____ Relationship _____
Address _____ Zip _____
Home # _____ Work # _____ Cell# _____

MEDICAL INFORMATION (RETURNING REGISTRANTS MAY LEAVE THIS SECTION BLANK IF THERE ARE NO NEW DEVELOPMENTS)

Physician's Name _____ Phone _____
Chronic health problems/allergies _____
Medications _____

PARENTAL CONSENT

1. I give consent to have _____'s teacher contacted in an effort to provide the most appropriate tutoring experience;
2. In the event of an accident or emergency, I give permission for my child to be treated at: _____;
3. I have received an *ET Guidelines Handout* and agree to follow its policies.

Parent/Guardian Signature _____ Date _____

Please deliver this form to the tutoring center *in person* so we can give you an **ET Guidelines Handout** and ask you any **questions** about your registration form. Thank you!