



# Tutoring and Mentoring Program Enrollment Form



Student's Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_ Mother \_\_ Father \_\_ Legal Guardian

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ In case of Emergency Call: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Full Name of School: \_\_\_\_\_

Ethnicity: \_\_ African American \_\_ Asian American \_\_ Caucasian \_\_ Hispanic \_\_ Native-American \_\_ Pacific Islander \_\_ Other

Gender: \_\_ Female \_\_ Male \_\_ Other Please list any special needs you anticipate your child will have while participating in the program. Include **medications, allergies and any disability we should be made aware.** \_\_\_\_\_

### Tutoring Requested in (Check all that apply)

\_\_\_\_ Math Current Subject \_\_\_\_\_ Teacher \_\_\_\_\_ Current Grade \_\_\_\_\_

\_\_\_\_ Reading Current Subject \_\_\_\_\_ Teacher \_\_\_\_\_ Current Grade \_\_\_\_\_

\_\_\_\_ Writing Current Subject \_\_\_\_\_ Teacher \_\_\_\_\_ Current Grade \_\_\_\_\_

**Student Hobbies/Interests Include** \_\_\_\_\_

### HEALTH CONDITION

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Community Service, Inc. I hereby give permission to the medical personnel selected by said representatives to secure any medical, hospitalization, dental and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

**Parent/ Guardian Initials** \_\_\_\_\_

**MEDIA RELEASE** - I hereby give Community Service, Inc. permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or information purposes.

**Parent/ Guardian Initials** \_\_\_\_\_

I, the parent/legal guardian of the above named youth, give approval for participation in the Community Service, Inc. AmeriCorps Tutoring and Mentoring Program. I assume all risks of injury whatsoever and agree to hold harmless Community Service, Inc., from claim(s) of any nature arising from any activity, including transportation, connected with the facilities or program. This hold harmless agreement includes, but is not limited to any claim due to injury proximately resulting from negligence of Community Service, Inc., its employees, agents, participating agencies, and volunteers. I consent to Community Service, Inc communicating information regarding my child's participation via the internet.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_

## Tutoring and Mentoring Program Commitment Form



Since the Community Service, Inc. (CSI) Tutoring and Mentoring Program has limited enrollment, it is important for all students and their families to understand the commitment required for the program.

- I understand that once accepted into the program a commitment of five hours a week will be required.
- I understand that transportation to mentoring/tutoring sessions is the responsibility of the student's family.
- I understand that a commitment of at least three months is required for acceptance into the program.
- I understand that CSI does not charge for this service, and I will not be asked for payment for participation.

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Signature of Parent      Date      Printed Name of Parent

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Signature of Student      Date      Printed Name of Student

