



# Application for Child Tutoring Program

Completion of this form DOES NOT guarantee acceptance into this program.

FLC: Office use only	
Reading Survey	Y N
	N

Please return completed application to:  
**Your Child's Teacher or the office, or**  
**Family Literacy Center 311 Higgins Street, Lapeer, MI 48446**  
810-664-2737  
or fax~810-664-5870

Date: \_\_\_\_\_

## **Please print all information**

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Parent/Guardian Name: \_\_\_\_\_

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

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

Daytime phone:(\_\_\_\_)\_\_\_\_\_ Cell phone:(\_\_\_\_)\_\_\_\_\_

Child lives with (check all that apply): mother \_\_\_\_\_ father \_\_\_\_\_

grandparent \_\_\_\_\_ Other \_\_\_\_\_:please specify: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

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

Have you or your child participated in any Family Literacy Center programs before?

No\_\_\_ Yes\_\_\_ If yes, which programs? \_\_\_\_\_

Does your child have any other after-school activities? (*Attendance to all sessions is critical.*) Are there days or dates the child would miss? If so, when?

\_\_\_\_\_

What is your child's general attitude toward school? \_\_\_\_\_

Best subject: \_\_\_\_\_ Worst subject: \_\_\_\_\_

What is your child's attitude toward reading? \_\_\_\_\_

What is your child's attitude toward math? \_\_\_\_\_

Child's favorite books: \_\_\_\_\_

How does your child get along with peers/siblings?

\_\_\_ very well \_\_\_ just okay \_\_\_ not well at all

List the full names of all persons who can pick your child up after the program including yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

How does your child get along with adults (*not you*)?

very well  just okay  not well at all

How much time does your child **watch television** each day? \_\_\_\_\_

Amount of time spent **playing video games/on the computer** each day? \_\_\_\_\_

**Medical Information**

Does your child have **any** medical condition of which we should be aware? Yes No

If yes, please explain: \_\_\_\_\_

List **any** allergies, including food allergies: \_\_\_\_\_

Does your child wear or has your child ever worn glasses? Yes No

Has your child's vision been checked in the last year? Yes No

Has your child's hearing been checked in the last year? Yes No

Has your child been diagnosed with a Learning Disability? Yes No

If yes, please explain: \_\_\_\_\_

In the event that we cannot reach you, **in case of emergency**, who should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

***Please check all that apply.***

My child qualifies for free or reduced lunch.

I have been told that my child is not at grade level in (*what subject*): \_\_\_\_\_

At least one of this child's parents find reading or math difficult.

May we **evaluate your child** to determine your child's reading needs? Yes No

*I confirm that all of the information on this application is true and accurate.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

In partnership with Lapeer District Library

*If you have any questions or concerns, please contact us at 810-664-2737 or at ican@readlapeer.org.*