Application for Child Tutoring Program

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

FLC Office Use Only		
Date Received:		
SORT Test	Y	N
Parent Orientation	Y	N

Please return completed application to:
Family Literacy Center, 311 Higgins St., P.O. Box 485, Lapeer, MI 48446
-OR- email it to robert@readlapeer.org

☐ **I understand that I am required to attend a Parent/Child orientation _____(Initial Here)**

Parent/Child Orientation Date will be on *September 29, 2026 at 5:00pm at the Family Literacy Center, 311 Higgins St, Lapeer, MI 48446.*

Please print all information

Parent/Caregiver's First and Last Name: _____

Child's First and Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Street Address: _____ City: _____ State: MI Zip: _____

Parent's Phone: _____ Alternative Phone: _____

Parent's Email Address: _____

☐ I would like to be added to the Family Literacy Center email group and receive updates.

Child Lives with (*Check all that Apply):* ☐Mother ☐Father ☐Grandparent(s) ☐ Other:

Primary Language at home: _____

School: _____ Teacher: _____ Grade: _____

Program Participation: **(Attendance to all sessions is critical.)**

Have you or your child participated in any Family Literacy Center programs before? (*Circle one)* Yes No

If yes, which program(s)? _____

Does your child have any after-school activities that would conflict with child tutoring? (*Circle one)* Yes No

Are there any session dates your child would miss? (*Circle one)* Yes No

If yes, what date(s)? _____

List the full names of **ALL PERSONS INCLUDING YOURSELF** who can pick up your child from the program? **We will not release your child to ANYONE NOT ON THE LIST**: _____

_____

Child Education Survey:

What is your child's general attitude towards school? _____

Best Subject(s): _____ Worst Subject(s): _____

What is your child's attitude toward reading? _____

What is your child's attitude toward math? _____

Does your child have a good relationship with peers/siblings? (*Circle one)* Yes No

Does your child have a good relationship with adults (*other than you)*? (*Circle one)* Yes No

How many hours each day does your child watch tv, play video games, is on tablet/phone, etc.? _____ hrs.

Medical Information:

Does your child have **any** medical conditions of which we should be aware of? (*Circle one)* Yes No

If yes, please explain: _____

List **any** allergies, including food allergies: _____

Does your child wear or have they ever worn glasses? (*Circle one)* Yes No

Has your child's vision been checked in the last year? (*Circle one)* Yes No

Has your child's hearing been checked in the last year? (*Circle one)* Yes No

Has your child ever been diagnosed with a learning disability? (*Circle one)* Yes No

If yes, please explain:

Does your child have an IEP (Individualized Education Plan) in school? (*Circle one)* Yes No

My child qualifies for free or reduced lunch. (*Circle one)* Yes No

I have been told that my child is not at grade level in: _____

Does one or both parent (s) of the child find reading or math difficult? (*Circle one)* Yes No

Has either parent of the child not had a high school diploma or earned a GED? (*Circle one)* Yes No

I confirm that all the information on this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

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

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Parent/Caregiver Reading Survey

Please print all information

Child's Name: _____

Age: _____ Grade: _____

1) How much does your child enjoy reading? (*Circle one)*

Favorite Thing Likes it a lot Neither like/dislike Do not like Hates it.

2) How often does your child read at home? _____

3) Does your child bring home reading book(s) from school regularly? (*Circle one)* Yes No

4) Why does your child read their school reading book(s)? (*Circle one)*

He /She enjoys it. He /She is asked to. He /She is made/have to. He /She won't.

5) Does your child like to read about a specific topic? (*Circle one)* Yes No

If yes, what? _____

6) What does your child prefer to read at home? (**Check any that apply)**

☐Magazines ☐Picture Books ☐Chapter Books ☐Fiction ☐Science Fiction

☐ Animals ☐History ☐Action ☐ Science ☐Fantasy

☐ Mystery ☐Other ☐ None

7) Where does your child tend to read at home? _____

8) When does your child read at home? (*Circle one)* Morning Afternoon Evening Before Bed

9) Does your child read alone or with someone else at home? (*Circle one)*

They read alone. They read with someone.

FAMILY LITERACY CENTER

Family Literacy Center Family Program Participant Waiver of Liability

I and my child(ren) desire to participate in the activities hosted by Family Literacy Center (FLC) and understand the inherent risks associated with such activities. In consideration of FLC allowing me and my child(ren) to participate in its activities, I agree to the following:

• **Release of Liability:**

I hereby release and forever discharge FLC, its officers, directors, employees, volunteers, and agents from any and all claims, demands, or causes of action, whether known or unknown, arising from or related to my or my child(ren)'s participation in FLC activities, including but not limited to injuries, damages, or losses to person or property, even if caused by the negligence of FLC.

• **Assumption of Risk:**

I acknowledge that participation in FLC activities involves inherent risks, including the potential for physical injury, and voluntarily assume all such risks.

• **Medical Consent:**

I hereby grant permission to FLC to seek necessary medical treatment in the event of an emergency during participation in activities, and agree to be responsible for all associated medical costs.

• **Indemnification:**

I agree to defend, indemnify, and hold harmless FLC from any and all claims, liabilities, damages, and costs arising from my or my child(ren)'s participation in FLC activities.

• **Agreement to Rules:**

I agree to follow all rules and instructions provided by FLC regarding participation in activities and agree to ensure my child(ren) follow all rules and instructions as well.

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the terms of this Waiver of Liability.

Printed Name of Parent/Caregiver:
_____

Child(ren)'s
Name(s):_____

Signature: _____ Date:
_____

FAMILY LITERACY CENTER

Family Literacy Center Permission to use Name, Images, and Statements

I give permission to the Family Literacy Center to publish my name, images, and statements. This will include content from interviews with the Center, statements I have made, pictures or videos taken by the Center, and other content about my participation in Family Literacy Center projects. These will be used in the Family Literacy Center newsletters, social media posts, websites, articles, or any marketing projects.

I understand that I may revoke this agreement by sending a written notification to the Family Literacy Center.

_____

Participant's Name (Please Print)

_____ _____

Signature Date

I also give permission for the Family Literacy Center to use the names, images, and statements of my minor children in Family Literacy Center newsletters, social media posts, websites, articles, or any other marketing projects.

Name(s) of minor children: _____

_____ _____

Signature Date

FAMILY LITERACY CENTER

We are asking that you answer the following questions.

Your answers will be anonymous.

This information is requested by our funders. Thank you.

What is your ZIP code: _____

Race/Ethnicity of your child

_____ African American

_____ Asian

_____ Native American

_____ White

_____ Hispanic

_____ Other

How many children and adults live in your home?

_____children _____ adults *(18 & older)*

Please indicate your family's annual income level

_____ $10,000 or less

_____ $10,001 to $25,000

_____ $25,001 to $40,000

_____ $40,001 to $60,000

_____ $60,001 or more

Are all the adults in your home happy with how well they read? _____ yes _____ no

Please check all that apply to any adults in your home:

____ employed

____ unemployed

____ have a disability (learning, physical or mental)

____ receiving public assistance

____ did not graduate from high school

____ graduated from college

____ facing or faced foreclosure in last 2 years

____ has been physically or sexually abused

____ has been convicted of a felony

____ do not have health insurance

____ do not have reliable transportation

____ single parent

How many times has your family moved in the last five years? _____