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**

810-664-2737 -OR- email it to **shawna@readlapeer.org**

**I understand that I am required to attend a Parent/Child orientation** Click or tap here to enter text. **(Initial Here)**

**Parent/Child Orientation Date will be on Day, MM/DD/YYYY at HH:MM** 

**Please print all information**

Parent/Caregiver’s First and Last Name:Click or tap here to enter text.

Child’s First and Last Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date. Age: Click or tap here to enter text. Gender: Choose an item.

Street Address: Click or tap here to enter text. City: Click or tap here to enter text. State: MIZip: Click or tap here to enter text.

Parent’s Phone: Click or tap here to enter text. Alternative Phone: Click or tap here to enter text.

Parent’s Email Address: Click or tap here to enter text.

☐ 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: Click or tap here to enter text.

Primary Language at home: Choose an item.

School: Click or tap here to enter text. Teacher: Click or tap here to enter text. Grade: Choose an item.



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

Have you or your child participated in any Family Literacy Center programs before? Choose an item.

If yes, which programs? Click or tap here to enter text.

Does your child have any other after-school activities that would conflict with child tutoring? Choose an item.

Are there any session dates your child would miss? Choose an item.

If yes, what date(s)? Click or tap here to enter text.

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:** Click or tap here to enter text.

Child Education Survey:

What is your child’s general attitude towards school? Click or tap here to enter text.

Best Subject: Choose an item. Worst Subject: Choose an item.

What is your child’s attitude toward reading? Choose an item.

What is your child’s attitude toward math? Choose an item.

Does your child have a good relationship with peers/siblings?Choose an item.

Does your child have a relationship with adults (*other than you)*? Choose an item.

How many hours does your child spend watching tv, playing video games, on tablet/phone, ect. each day? Choose an item.



Medical Information:

Does your child have **any** medical conditions of which we should be aware of? Choose an item.

 If yes, please explain: Click or tap here to enter text.

List **any** allergies, including food allergies: Click or tap here to enter text.

Does your child wear glasses? Choose an item.

Has your child’s vision been checked in the last year? Choose an item.

Has your child’s hearing been checked in the last year? Choose an item.

Has your child ever been diagnosed with a learning disability? Choose an item.

 If yes, please explain: Click or tap here to enter text.

Does your child have an IEP (Individualized Education Plan) In school? Choose an item.



My child qualifies for free or reduced lunch. Choose an item.

I have been told that my child is not at grade level in: Click or tap here to enter text.

Does either of this child’s parent(s) find reading or math difficult? Choose an item.

Does either parent of this child not graduated high school or earned a GED? Choose an item.



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



Applicant’s Signature

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

Application for Child Tutoring Program

Parent/Guardian Reading Survey

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Child’s Name: Click or tap here to enter text.

Age: Click or tap here to enter text. Grade: Choose an item.

**Please Select one**

1. How much does your child enjoy reading? Choose an item.
2. How often does you child read at home? Choose an item.
3. Does your child bring home reading book(s) from school regularly? Choose an item.
4. Why does your child read their school reading book(s)? Choose an item.
5. What type of book(s) does your child bring home from school to read? Click or tap here to enter text.
6. What does your child prefer to read at home? (**Check all that apply)**

☐Comics ☐Magazines ☐Picture Books ☐Chapter Books ☐Non-Fiction ☐Fiction ☐Poems ☐Short Stories ☐Science ☐History ☐Action ☐Mystery ☐Fantasy ☐Science Fiction ☐Other Click or tap here to enter text.

1. Where does your child tend to read at home? Click or tap here to enter text.
2. When does your child read at home? Click or tap here to enter text.
3. Does your child read on their own or to someone else at home? Choose an item.

 **Waiver of Liability**

1) In consideration for receiving permission to participate in Family Literacy Center Child Tutoring, I hereby **release, waive, discharge and agree not to sue** the Family Literacy Center or their volunteers, associates or officers (hereinafter referred to as **releasees)** from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or any of the property belonging to me while participating in such activity, or while in, or upon the premises where the activity is being conducted.

2) I am fully aware of the risks involved and hazards connected with this activity,and I hereby elect to voluntarily participate with full knowledge that said activity may be hazardous to me, my child, and my property.

3) I further hereby **agree to indemnify and hold harmless** the **releasees** from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity.

4) **In signing this release, I acknowledge and represent that** I have read the foregoing agreement, understand it, and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent.

Child’s Name: Click or tap here to enter text.

Print Name of Parent/Caregiver: Click or tap here to enter text.

Relationship to the child: Click or tap here to enter text.

Applicant’s Signature & Date:

Witness Signature & Date:



**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.

Click or tap here to enter text.

Participant’s Name (Please Print)

 Click or tap to enter a date.

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: Click or tap here to enter text.

 Click or tap to enter a date.

Signature Date



**We are asking that you answer the following questions.**

**Your answers will be anonymous.**

**This information is requested by our funders. Thank you.**

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your ZIP code: Click or tap here to enter text.

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