

# HAVEN PLACE FREE TUTORING REGISTRATION FORM

Please print information clearly.

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ M\_\_ F\_\_

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

School: \_\_\_\_\_ release time \_\_\_\_\_ Grade: \_\_\_\_\_

My student's main language is: \_\_\_\_\_

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

Parent phone number and email address:

\_\_\_\_\_

Student phone number and email address:

\_\_\_\_\_

The best way to contact me is: \_\_ by phone or \_\_ by email

Medical conditions \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Haven Place Inc. will not distribute medication unless the parent/legal guardian presents a signed medical form from the students doctor labeling each medication with amount and time to be taken and a consent signed by the parent/guardian. Forms must be attached to this form.

Emergency Contact Information (other than parent/legal guardian)

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

\_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information:

Carrier \_\_\_\_\_ Subscriber \_\_\_\_\_ DOB \_\_\_\_\_

Contract number \_\_\_\_\_

Group number \_\_\_\_\_ Copy of Insurance card and or information must be attached to this form.

I understand that I will be part of the goal setting process for my student, and I will allow my student's school to release relevant educational information regarding my student to the appropriate parties for educational research. I am aware that all tutors have had a Federal and State background check and at no time will my student be alone with an adult.

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

Tutoring need (continue on back side if needed)  
Focused Subject

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Student will need to bring all material that he/she needs tutoring with. Such as homework, books, papers etc....

Home Work Help Available

Tuesday's and Wednesday's 3:00pm to 5:00pm Middle school and High School students only unless parent/guardian accompanies K - 5th grader.

Preferred tutoring day

Tuesday 3:00pm to 5:00pm       Wednesday 3:00pm to 5:00pm

I understand that I am responsible for dropping off and picking up my student promptly.

Consistent (3) late drop off and or pick up will result in expulsion from the program.

Parent/Guardian Signature: \_\_\_\_\_

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

Students will be given a healthy snack during their tutoring session. Please list any concerns that you may have or if you would prefer to provide your students snack.

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