



## 2024 Tutoring Program Registration Form

Thank you for your interest in our tutoring program. Please complete the following form in full after reviewing our ACF Program Policies (provided separately). Upon completion, please sign and return to our office.

### PART 1 | STUDENT INFORMATION

STUDENT'S FULL NAME	DATE OF BIRTH	<input type="checkbox"/> M	<input type="checkbox"/> F
STREET ADDRESS	APT/UNIT		
CITY/TOWN	IL	ZIP CODE	
SCHOOL NAME	CURRENT GRADE		

### PLEASE SELECT T-SHIRT SIZE:

- Youth Small       Youth Medium       Youth Large  
 Adult Small       Adult Medium       Adult Large       XL

Please list any medical information that needs to be on file, including allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select the desired subject of study:

- Reading       Math       Both

The student's grades compared to his/her classmates:

- Above Average       Average       Below Average

## PART 2 | PARENT/GUARDIAN INFORMATION

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PARENT/GUARDIAN FULL NAME

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PRIMARY PHONE NUMBER

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SECONDARY PHONE NUMBER

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PARENT/GUARDIAN EMAIL ADDRESS

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SECONDARY EMAIL ADDRESS

PLEASE INDICATE YOUR PREFERRED METHOD OF CONTACT:     By phone     By email

## PART 3 | EMERGENCY CONTACT INFORMATION

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EMERGENCY CONTACT NAME

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PHONE NUMBER

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RELATIONSHIP

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EMERGENCY CONTACT NAME

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PHONE NUMBER

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RELATIONSHIP

## PART 4 | PARENT SIGNATURE

I, the undersigned parent/guardian of \_\_\_\_\_ (said minor), acknowledge that I have received, read, understand, and agree to abide by all ACF student registration and attendance policies and procedures. I give permission for said minor to participate in the ACF Tutoring Program. I understand that by signing this authorization, I will not hold ACF liable for any injuries incurred while participating in program activities in which I have enrolled said minor. I understand that ACF is not responsible for any payments incurred due to medical care for said injuries.

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PLEASE PRINT NAME

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PARENT SIGNATURE

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DATE SIGNED