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). You can register online at **www.auaf.us/acf-tutoring-program**, or sign this form and email it to **Tutoring@acf-us.org** or return it to our office.

PART 1 | STUDENT INFORMATION

_____ _____ ☐ M ☐ F

STUDENT'S FULL NAME **DATE OF BIRTH (MM/DD/YYYY)**

_____ _____

STREET ADDRESS **APT/UNIT**

_____ IL _____

CITY/TOWN **ZIP CODE**

_____ _____

SCHOOL NAME **CURRENT GRADE**

PLEASE SELECT T-SHIRT SIZE:

☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ XL

☐ Adult Small ☐ Adult Medium ☐ Adult Large

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

PARENT/GUARDIAN FULL NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

PARENT/GUARDIAN EMAIL ADDRESS

SECONDARY EMAIL ADDRESS

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

PART 3 | EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME | **PHONE NUMBER** | **RELATIONSHIP**

EMERGENCY CONTACT NAME | **PHONE NUMBER** | **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.

PLEASE PRINT NAME

PARENT SIGNATURE

DATE SIGNED