

## Embracing Education Summer Enrichment Program

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Present Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Does your child receive special education support? \_\_\_\_\_yes \_\_\_\_\_no

Has your child been diagnosed with a disability? \_\_\_\_\_yes \_\_\_\_\_no

Has your child been tested for a learning disability? \_\_\_\_\_yes \_\_\_\_\_no

## Release of Information

I give my permission for the director and board of Embracing Education to view my child's school records (including IEP records) and speak with his/her teacher. I understand that all information will be kept confidential and will only be used for tutoring purposes.

Reading level (i.e. 3.2 or 476) \_\_\_\_\_ Math Level \_\_\_\_\_

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

## Transportation & Attendance

Will you be able to provide transportation to/from the tutoring site, Raytown Christian Church, if s/he is accepted into the program? \_\_\_\_\_Yes \_\_\_\_\_No

Please provide dates of other activities your child will be involved in during the tutoring period: July 6-August 5. (Scouts, Church camps, vacations, etc.)

Activity(s): \_\_\_\_\_ Date(s): \_\_\_\_\_