

Twin Lakes Literacy Council

1318 Bradley Drive # 14
Mountain Home, AR 72653
(870) 425-7323
twinlakeslc@yahoo.com

CHILD / TEEN APPLICATION

Date: _____

Name: _____

Address: _____ City: _____

Phone: _____ Date of Birth: _____ Gender: _____ Age: _____

Parent: _____ Email address: _____

Cell Phone: _____ Place of Employment: _____

Parental Address & Phone if different than the child's: _____

Emergency Contact: _____ Phone: _____

Allergies: _____ Medical conditions: _____

Family Physician: _____ Phone: _____

Please list the type of tutoring being requested: _____

Further information you feel will help us tutor your child effectively: _____

How did you hear about us? _____

SCHOOL INFORMATION

School: _____ Grade: _____ Teacher: _____

We request permission to share information related to your child's progress with appropriate school personnel:

Yes _____

No _____

The information shared in this application is confidential. It will only be shared with the child's tutor, the coordinator, and the director of Twin Lakes Literacy Council.

As a parent / guardian, I agree to the following:

1. I will notify the tutor if my child cannot meet with the tutor. I will **try to cancel tutoring 24 hours ahead of time if at all possible**. I know if my child misses two (2) classes without letting the tutor know, my child will lose tutoring privileges for six (6) months.
2. My child will not receive medication during the tutoring session. If there are steps to be taken in case of an emergency in addition to calling 911 and my emergency contact, I will list them on the back of this form.
3. My child will be picked up at the tutoring location at the end of each session. Failure to do so will result in the termination of tutoring. Tutors will not release my child until I come **into** the tutoring location.
4. I will let the Literacy Council know if my child will take the bus to the Literacy Council for tutoring. I will not hold the Literacy Council liable for any accidents that occur on or near the school bus or in the parking lot. I will speak with my child about being careful of cars in the parking lot in front of the Literacy Council office.
5. I understand that student testing in the Literacy Council office is for grant purposes only. Test results can be viewed by parents but cannot be copied for use outside of the office.
6. I will speak to my child about respect and appreciation for the tutor—perhaps even sending a thankyou card when tutoring is finished.
7. Only the following individuals have my permission to pick up my child from tutoring:

Please sign and date the application as shown below.

Parent / Guardian

Date

If you have any concerns, questions or problems, please call the coordinator.

The phone number is **425-7323**.

Photo Release Form

Please check one:

I give Twin Lakes Literacy Council the right to use pictures of my child for publicity purposes

_____ to illustrate final reports of grants

_____ on Facebook

_____ in the newspaper

_____ none of the above

Signature: _____

Date: _____

Student Handbook Policy

I have received a copy of the student handbook.

Signature: _____

Date: _____

Transportation Policy

Twin Lakes Literacy Council is not responsible for the transportation of students.

Signature: _____

Date: _____

Children's Tutoring Program Grant Information

The information shared on this form is confidential. It will ONLY be used for the purpose of applying for grants to fund the Children's Program. The grants we receive all ask for the students' income levels. As we do not receive any state funding for the Children's Program, it is very helpful for us to have this information.

Thank you for your help by completing the following:

Number of people in your household: _____

Please check your household's income level:

- \$0 - \$10,499
- \$10,500 - \$20,999
- \$21,000 - \$33,599
- \$33,600 - \$41,999
- \$42,000 - \$49,904
- \$49,905 - \$55,514
- \$55,515 and above

Name: _____

Date: _____