

After School Tutoring and Physical Activity Program

Participant Registration Form

Please complete the form below and return it to the program. You can also provide the information by email to DSAKTutoring@gmail.com. If you have questions, feel free to email or ask us in person—we are here to help!

Your Name:		
Address:		
Phone Number:		
Email Address:		
Child's Name:	Age:	Grade:
School:	Birthdate:	
Three words to describe your child: _____		
What are your child's strengths?	What motivates your child?	
What kind of things upset your child? What helps them settle?		
Does your child need support with: (circle and explain below)		
Communication Self-Help Skills Physical Needs		

The first part of the program is spent completing academic activities. To help us plan appropriately for your child, please use the space below to describe some of the academic areas that would be helpful for your child. We are happy to help them with homework, but they may not always have things for us to work on. You may choose to include the “Accommodations and Modifications” sections of your child’s IEP, or to write about areas that you would like us to focus on. Please do not leave this area blank—if you are having trouble filling this in, please talk to us!

I understand that my contact info will be shared with the volunteer working with my child. If my child is unable to attend, I will contact the volunteer directly.

Parent/Guardian Signature:

I give permission for my child’s picture to be used in promotional materials for the program.

Parent/Guardian Signature:

The following individuals are permitted to pick up my child: