



West Harpeth Church Tutoring REGISTRATION FORM

Location: West Harpeth Church-4141 Columbia Ave. Franklin, TN 37065

Times: Monday 4:00-6:00 PM; Thursday 4:00-6:00 PM; Saturday 10:00 AM-12:00 PM

Start Date: March 4, 2023

Cost: FREE

Please complete the registration form in its entirety. If you have any questions please contact Lindsay Ismailovic at ismailoviclin@gmail.com or Annie Sawyers at 615-477-9472

Student Information

Name: _____ Current Grade Level: _____

School Attending: _____

Date of Birth: _____ Sex: _____ Ethnicity: _____

Primary Guardian: _____

Email Address _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Secondary Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Health Information:

Child's Physician: _____ Phone: _____

Child's health is: Excellent Good Fair Poor

Please describe any and all medical conditions and health issues including allergies:

Pick-Up Information:

To ensure your child's safety, please list all adults to whom your child may be released. (Must be at least 17 years old)

Name	Relationship	Phone Number
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Emergency Information

The person listed below is authorized to act for the parent in the case of an emergency. **(CAN NOT BE PARENTS)**

Name: _____ Relationship: _____

Phone Number(s): _____

Student Academic Information:

(This information will be used to provide individualized instruction for your child. By providing this information, our tutors will be better prepared to assist your child during tutoring. Please ask your child's teacher for assistance in obtaining this information if needed. This information will remain confidential.)

Does your child receive services for any of the following: ELL ____ SpED ____ OT ____

If yes, please explain. _____

Most recent STAR Math GE Score: _____ Most recent STAR ELA GE Score: _____

Current Report Card Grade in Math: _____ Current Report Card Grade in ELA: _____

Please describe your child's greatest challenges in Reading and/or Math:
How can we best help your child?

Days Attending:

Please choose all days that your child will attend.

_____ Saturdays 10:00 AM-12:00 PM

_____ Mondays 4:00 PM-6:00 PM

_____ Thursdays 4:00 PM-6:00 PM

PHOTO RELEASE POLICY: *Gentry's uses students' photos on Gentry's Educational Foundation website, promotional items, and social media sites. We publish only pictures and first names unless the parent requests otherwise.*

I have read and understand Gentry's Educational Foundation photo release policy.

____ YES, Gentry's has permission to use my child's image.

____ NO, Gentry's DOES NOT have permission to use my child's image.

I give Gentry's Educational Foundation permission to access my child's educational records such as test scores and report cards. This information will remain confidential, and no names will be used in reporting to the public.

In the event of an emergency and if I cannot be contacted on any phone number which I have provided in my child's registration, and my emergency contacts cannot be reached, I give permission to Gentry's Educational Foundation personnel to obtain whatever medical treatment they deem necessary for my child. I waive release and hold harmless Gentry's Educational Foundation, their employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries, and other damages which might occur from the decision to provide medical treatment to my child(ren) and from the choice of the provider of the medical treatment by Gentry's personnel. I authorize the use and disclosure of my child's health information to secure medical treatment.

Signature of Parent/ Guardian: _____ Date: _____