



"Tutoring With Results"

E.C.F. After School Tutoring Program Application

Semester (Fall or Spring):	
Year:	
Student's First Name:	
Student's Last Name:	
Date of Birth:	
Age:	
Gender:	

School Information:

School Attending:	
Grade Level:	
Teacher's Name:	

Parent/Guardian Information:

Parent/ Guardian First Name:	
Parent/ Guardian Last Name:	
Address:	
City:	
State:	
Zip Code:	
Home Phone:	
Work Phone:	

Cell Phone:	
E-mail:	

The **BEST** way to contact me is:

- Call
- Text
- E-Mail

Who does the child live with?:

- Both Parents
- Mother Only
- Father Only
- Grandparents
- Other: _____

Emergency Contact Information:

Emergency Contact 1 (REQUIRED):

Name:	
Phone Number:	

Emergency Contact 2 (REQUIRED):

Name:	
Phone Number:	

Emergency Contact 3 (REQUIRED):

Name:	
Phone Number:	

Persons Authorized to Pick Up Child:

(IF AUTHORIZED CONTACTS CHANGE, PLEASE NOTIFY STAFF IMMEDIATELY)

Full Name:	Relationship:	Phone Number:

Permission for Computer Use:

I hereby give my permission for my child to participate in the activities and programs of the E.C.F. that use the internet. I understand that all computer use will be under the supervision of the E.C.F. Staff. I understand my child may only go to internet sites that are pre-approved by the E.C.F. Staff. Any inappropriate use of the computer will result in suspension and may result in my child’s membership to be revoked.

Parent/ Guardian Signature: _____

Date: _____

School Information Exchange:

I give permission to the E.C.F. After School Tutoring Program and the Corpus Christi Independent School District to obtain and exchange academic information, including STAAR test results, regarding my child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student get better engaged with the E.C.F. After School Tutoring Program, be successful in school and in life. This release is valid for one year and may be revoked at any time by contacting E.C.F. After School Tutoring Program in writing.

Parent/ Guardian Signature: _____

Date: _____

Photo/Video Release:

I understand that from time to time, the E.C.F. After School Tutoring Program will have publicity photos/videos taken during programming for use in local media, brochures and on their website. I give permission for my child to be included in all photo opportunities.

Parent/ Guardian Signature: _____

Date: _____

Behavior:

Does your child have any specific behavior conditions such as A.D.D., A.D.H.D. or other? Please explain. If not, please write “N/A.”

Does your child receive any specialized modifications (504, dyslexia, etc.)? Please explain. If not, please write “N/A.”

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Allergies:

Does your child have any known allergies? If yes, please explain. If not, please write "N/A."

Conduct:

Should we experience any behavior problems with your child, our normal discipline procedure is as follows:

- 1st Offense: Verbal Warning
- 2nd Offense: Contact Parent/Guardian
- 3rd Offense: Removal from Program

Parent/ Guardian Signature: _____

Date: _____

Absences:

I understand that if my child is absent more than twice without prior approval or a doctors' note, he or she may be removed from the program.

Parent/ Guardian Signature: _____

Date: _____

Dismissal Policy:

We reserve the right to discontinue tutoring for any child in the E.C.F. After School Tutoring Program for any reason. These may include, but are not limited to:

- Failure to provide proof of grades
- Noncompliance with center policies and procedures
- Absenteeism and unwillingness to work with E.C.F. tutors or staff
- When a child threatens their own or others' safety
- When a child's needs demand a greater level of specialized academic care

Parent/ Guardian Signature: _____

Date: _____

Lost, Damaged or Stolen Property Policy:

E.C.F. After School Tutoring Program can not be responsible for any student property that is damaged, lost or stolen. Any loose items brought to school should be labeled with your child's first and last name so it can be returned if found.

Parent/ Guardian Signature: _____

Date: _____

LATE PICK UP:

The E.C.F. closes promptly each day at **6:00 PM**. Pickup after **6:00 PM** is considered to be late. For any child remaining after the stated closing time, a late fee will be charged. Beginning at 1 minute past the closing time, a **late fee of \$1.00 per minute** will be charged. The late fee must be **PAID IN FULL** before the child may return to the program. **We will notify the appropriate authorities for any child remaining 30 minutes after the close of business.** I agree that I am responsible for picking up special notices and flyers which will alert me to any changes in scheduling. **I understand that if I am frequently late, my child may be removed from the program.**

Parent/ Guardian Signature: _____

Date: _____

Release of Liability:

I acknowledge that by contracting with the E.C.F. Community Center, I am aware of the risks involved in the activities my child will be participating in. Further, in consideration of him/her being permitted to come onto property owned, leased, or contracted by the E.C.F. and participating in services contracted by myself, in the event of any accident, injury or sickness regarding my child, myself, any spouse of mine, and as parent/guardian of my child, do hereby agree to release and discharge the E.C.F. Community Center, its officers, servants, volunteers and employees from all liability claims, and courses of action of every nature, whatsoever arising out of such use of properties and services contracted by myself, for my child and every member of the group of which my child is a member of.

- **I have read, understand and agree to the above statement**

Medical Information:

Doctor Name:	
Doctor Phone Number:	
Hospital Preference:	
Permission to contact Doctor/ Hospital in case of a medical emergency:	<div style="display: flex; align-items: center;"> <div style="flex: 1;">Please initial inside the box.</div> <div style="width: 50px; height: 50px; background-color: #e0f0ff; border: 1px solid black; margin-left: 10px;"></div> </div>
Child's Medical Insurance Provider:	
Policy Number:	

Group Number:	
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Medication:

List any medication that your child is currently taking and the dosage. If none, please write "N/A."

What is the specific medical condition that requires the above listed medication? If none, please write "N/A."

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Medical Emergency:

In case of accidental injury, the undersigned authorizes the E.C.F. staff to see that the necessary medical treatment is obtained in the event the parent or legal guardian is unable to be reached or is otherwise inaccessible. In this event, the undersigned authorizes an E.C.F. Staff Member to sign for and authorize the physician of his/her choice to provide emergency care. In case of accidental injury, the undersigned agrees to assume financial responsibility for costs incurred. I have read the above and agree to the stipulations.

Parent/ Guardian Signature: _____

Date: _____