

Child Tutoring Application

Applicant's (Please Print)

Name: _____ Primary Contact Number: _____
(Last) (First) (Please list a number where we can reach you 24/7)

Address: _____ DOB: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

School: _____ Phone: _____ Grade: _____

Parent/Guardian

Father/Guardian: _____ E-Mail: _____

Mother/Guardian: _____ E-Mail: _____

Father/Guardian Cell Phone: _____ Mother/Guardian Cell Phone: _____

Pickup Authorization

Please list person(s) authorized to pick up your child from Tutoring

Parents/Guardians your child will be released from Pathfinder functions only to persons listed above. If other arrangements are necessary, a note must accompany your child and a call must be made to the Club Director prior to the Pathfinder function. No exceptions! Thank you for your cooperation.

Allergies Information

The following information is critical for the safe care of your child during activities and emergencies. Please answer all questions as to yes or no and if yes explain with additional information.

Y N

Does your child have any allergies to medications? Please list with reaction.

Y N

Does your child have any allergies to foods, insects, or seasonal? Please list with reaction.

Are there any dietary considerations which should be considered when planning refreshments?

Parents/Guardians

We the Parent/Guardians of the above named applicant waive any and all claims against the Orange Seventh-day Adventist church, for any accidents which may arise in connection with tutoring activities, as permitted by law. We also understand that this document may be copied for administrative purposes with the understanding that the information will be protected under the HIPPA standard.

Parents/Guardians Signature: _____ Date: _____