

# Calling all 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> graders:

## TAB's "Fresh Start" Tutoring Program Every Thursday ~ Beginning September 16<sup>th</sup>, 2010 After school until 5:15 pm ~ Following I.P.S. Calendar

(Reserve your spot today! Return the registration form and fee payable to Tabernacle Presbyterian Church)

Child's Name \_\_\_\_\_ One Time Registration Fee \_\_\_\_ \$5.00

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Gender: M or F Grade: (circle) 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> or \_\_\_\_

School: IPS # \_\_\_\_\_ or Oaks \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell(s) \_\_\_\_\_

**Emergency Info:** If we cannot reach a parent or guardian, whom should we contact?

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Student Release Information:**

1. **From the Oaks or Other IPS School:** Transportation to and from not provided.

Note: Students may arrive early with the director approval.

2. **From School 48:** My child may attend TAB's tutoring and walk with crossing guards to TAB. Yes \_\_\_\_ No \_\_\_\_

**At closing:** (No transportation is arranged through TAB)

1. My child can walk home or go to \_\_\_\_\_ after tutoring each Thursday. Yes \_\_\_\_ No \_\_\_\_

If "NO" ... I or one of the designated individuals below can bring my child home each week.

If late, my child will be with the director in the basement tutoring area of TAB.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Food Allergies:** Yes \_\_\_\_ No \_\_\_\_ if yes, describe \_\_\_\_\_

**Medical Issues:** Yes \_\_\_\_ No \_\_\_\_ if yes, describe \_\_\_\_\_

### **Child Protection Issues:**

In accordance with accepted Child Protection practices, your child's name **will not be used** in association with any photographs appearing on the Tabernacle Presbyterian Church website.

I hereby grant Tabernacle Presbyterian Church the full right to use the likeness of my child named above, whether video or photograph or both, in whole or in part, in any way that will be useful in promoting the Gospel of Jesus Christ or helpful in furthering the ministries of Tabernacle Presbyterian Church.

**Causes for Dismissal:** 1. 3 unexcused absences resulting from not contacting the director

2. Being disrespectful to the building and/or a volunteer or student

3. Using disrespectful language

\_\_\_\_\_  
(Parent/guardian's signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

**CONSENT AND RELEASE FORM**

I/We, the parents/guardians of \_\_\_\_\_ (“Child”), do hereby approve my/our Child’s participation in activities of Tabernacle Presbyterian Church, including the Fresh Start Tutoring Program (“TAB”). I/We are aware of the nature and extent of the activities that may take place and travel involved and state that the Child is physically and mentally able to participate in those activities.

I/We understand that the activity may present a risk of serious injury. I/We and the Child assume all risk of any such injury and agree to indemnify and hold TAB, its agents, employees, Pastors, staff, officers, elders, Trustees, members and representatives harmless from any and all liability from injury or death to the Child while participating in this activity, which are caused, in whole or in part, by the participation or conduct of the Child.

I/We further agree that no action will be brought by us, on our behalf, or on the behalf of my/our child for any loss or damages suffered by us or by my/our Child because of participation in any activity sponsored by TAB.

Any equipment that is furnished to or used by the Child is made available merely for our benefit and the benefit of the Child. I/We understand that TAB makes no representation as to such equipment’s quality or fitness for use or as to the selection of such equipment. Child assumes all risk of injury to person or property from the use of such equipment supplied by TAB whether the equipment is rented, owned or otherwise, for the use of the Child, including any claim or causes of action for an alleged defect in any and all equipment supplied by TAB.

If I/we are not personally present at the activities in which the Child is to participate so we can be consulted if there is any necessity or emergency, you are hereby authorized on my/our behalf to arrange for such medical, dental, hospital or health care treatment as you may think advisable for the health and well being of the Child. I/We assume all financial obligations for all medical, dental, hospital or health care services given to my/our Child.

**Medical Insurance Information:** Raphael Medical Clinic has agreed to be our first response for all non emergent situations.

\_\_\_\_\_ No, I do not have medical insurance.

\_\_\_\_\_ Yes, I do have insurance and my/our medical insurance carrier is: \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_ Plan # \_\_\_\_\_

*(Please attach a copy of your health insurance card).*

I/We have read this Consent and Release and understand it. I/We execute it voluntarily and with full knowledge of what it means. I/We also acknowledge and so state that I/we am/are the legally entrusted parent(s)/guardian(s) for the Child.

I/we have executed this Consent and Release this day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name(s)

**TAB Contact ~ Ann Reynolds ~ 317 923- 5458 ext. 130  
Director ~ Ann Weller – 317 696 3295**

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY. IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT, PLEASE CONSULT WITH AN ATTORNEY.