



## 2018-2019 Tutoring Registration Form

### Child's Information:

First and last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Grade/Teacher as of Sept 2018: \_\_\_\_\_

Program Location:                      **PARADISE**                      **5 HALLETT CRESCENT**

MCP #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical/Behavioral conditions: \_\_\_\_\_  
\_\_\_\_\_

Other notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's/Guardian's Information:**

First and last name of parent 1: \_\_\_\_\_

Home phone number of parent 1: \_\_\_\_\_

Cell number of parent 1: \_\_\_\_\_

Email of parent 1: \_\_\_\_\_

First and last name of parent 2: \_\_\_\_\_

Home phone number of parent 2: \_\_\_\_\_

Cell number of parent 2: \_\_\_\_\_

Email of parent 2: \_\_\_\_\_

**Parent/Guardian Consent:**

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
permission to participate in all activities planned by French For Life staff during the  
Tutoring/Reading Group program. I understand and agree that if I choose to discontinue this  
service it will require 28 days written notice to Michelle Marsh.

Date: \_\_\_\_\_

Parent's/Guardian's signature