



THE GREATER SEATTLE BUREAU OF FEARLESS IDEAS TUTORING REGISTRATION, 2016-2017

Please fill out one registration form per student.

Tutoring runs from Monday—Thursday.

2nd - 8th Grade Tutoring is from 2:30 PM-5:30 PM.

High School Tutoring is from 6 PM-8 PM.

All students must be picked up or otherwise have a plan to leave at the appointed time.

-STUDENT INFORMATION-

Student's Full Name: _____

Date of Birth: __/__/____ Gender: M[] F[]

Home Phone: _____ Student's Cell: _____

Student's Email: _____

Home Address: _____

City: _____ Zip Code: _____

Is your child a returning student? If so, how many previous years of attendance? _____

Name(s) of sibling(s) who have attended? _____

SCHEDULING PREFERENCES FOR TUTORING

Students may request to attend 1 to 4 days per week. Due to space constraints, we may not be able to fill your exact schedule, but we will strongly weigh your preferences.

MONDAY TUESDAY WEDNESDAY THURSDAY

1 st - 8 th Grade Tutoring, 3 PM–6 PM	[]	[]	[]	[]
High School Tutoring, 6 PM–8 PM	[]	[]	[]	[]

SCHOOL INFORMATION

School: _____ Grade (K-12th) for the 2016-17: _____

Teacher Name: _____ Teacher's Email _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship: _____ **Cell Phone:** _____

Other Phone: _____ Email: _____

Parent/Guardian Name: _____

Relationship: _____ **Cell Phone:** _____

Other Phone: _____ Email: _____

RETURNING HOME

How will your child return home from the Greater Seattle Bureau of Fearless Ideas?

With an adult (*Please list people—other than the parent/guardians listed above—who are authorized to pick up your child from the program in the “Emergency Contacts” section below.*) _____

Alone/with sibling or friend Public transportation Other: _____

EMERGENCY CONTACTS

Please list who can be contacted in case of emergency and who, other than the parent/guardians listed above, is authorized to pick up your child from the program. We can only release your student to the people listed below.

Emergency Contact #1

Name: _____ Phone: _____

Relationship: _____

Emergency Contact #2

Name: _____ Phone: _____

Relationship: _____

FAMILY STATISTICAL INFORMATION

This information is to satisfy funding agency statistical requirements. Providing this information is optional and, once provided, information is kept confidential. Please choose the option(s) which best describes your student.

African African-American/Black American Indian/Alaska Native
 Asian and/or Pacific Islander Caucasian Caribbean/West Indian
 Hispanic/Latino Middle Eastern Other: _____

Language(s) spoken at home: _____

Does your child qualify for free or reduced lunch at school? Yes No

MEDICAL INFORMATION

Family Doctor: _____ Doctor's Phone: _____

Clinic/Hospital: _____ **Does your child have any medical conditions (allergies, seizures, diabetes, hearing loss, etc.) and/or diagnosed learning disabilities (ADD/ADHD, dyslexia, autism, etc)?** Yes No

If yes, please explain: _____

MEDIA AND MEDICAL RELEASE

Please read the following carefully and sign below. I understand that The Greater Seattle Bureau of Fearless Ideas may occasionally use works and photos of in our publications and/or grant applications. This use of student work demonstrates the value of programming, and allows us to continue providing our programming for free to all students. I give The Greater Seattle Bureau of Fearless Ideas permission for my student to be photographed, videotaped, published, and/or audio taped for the purposes of students' learning, grant publications and/or publicity for the program. I transfer and assign to the Bureau of Fearless Ideas all copyrights, titles, and interest in any such works, including all rights of registration, publication, and the right to create derivative works. I give permission for my student to receive emergency medical treatment if necessary.

I understand that The Greater Seattle Bureau of Fearless Ideas cannot assume responsibility for injury, accident or illness and I agree to hold harmless the Bureau of Fearless Ideas, their directors, officers, employees, and volunteers, from any liabilities, demands, or claims for damage. I have read and understand all the information on this registration form, and hereby certify that, to the best of my knowledge, the above statements are correct. I understand that I am responsible for updating all contact information and parent guardianship should they change during the course of the year.

Parent/Guardian Signature: _____ **Date:** _____

Please note if there are any exceptions to the above agreement in terms of how your student's work, image or information may be utilized at the Bureau of Fearless Ideas:

STUDENT PROFILE for 1st - 8th Grade Tutoring

Your Name: _____

Child's Name: _____ Date: _____

1. Does your student have any social needs or specialized learning preferences that we should be aware of?

2. What are your student's greatest strengths, interests, or hobbies?

3. What are the greatest academic challenges your student faces at school, if any?

4. What are the greatest personal challenges your student faces at school, if any?

5. Is there any additional information we should know in order to best support your student?

**IF AVAILABLE, PLEASE ATTACH A COPY OF YOUR STUDENT'S
FINAL REPORT CARD FROM THE 2015-2016 SCHOOL YEAR.**

STUDENT PROFILE
for High School Tutoring

Your Name: _____

Date: _____

Please mark ALL areas you are interested in receiving tutoring for:

homework help, specific subjects:

SAT Prep

ACT prep

college counseling

college application personal statement

trade/vocational school information

general writing mentoring

college applications, paperwork, loans, etc.

creative writing opportunities

study or organizational skills

other: _____

BFI COMPUTER GUIDELINES (for all students)

The Greater Seattle Bureau of Fearless Ideas' computers are available to you. If you need to use one, ask your tutor and make sure to check in with them periodically about the progress of your work. Speaking of work, that's what the computers are for. Please resist the temptation to visit Facebook, Twitter, YouTube (unless for student work), and other social media websites. Please refrain from eating or drinking anything while working on a computer. If you need to print something, ask a tutor.