YWCA REGISTRATION FORM
After School Tutoring

Please print all information

STUDENT INFORMATION

Name:_____ _____
First Last

Nickname (if any):_____

Date of Birth: _____ Sex: Female_____ Male_____
date/month/year

Current School:_____ Class:_____

FAMILY INFORMATION

Father's Name:_____
Address:_____
Tel. (work)_____ Tel. (home)_____ Cell:_____

Mother's Name:_____
Address:_____
Tel. (work)_____ Tel. (home)_____ Cell:_____

HEALTH

Does the student have a chronic illness? Yes____ No___
If yes, what?_____
Is the student currently receiving any medication? Yes___ No
If yes, what?_____
Dosage?_____

AREAS IN WHICH STUDENT NEEDS ASSISTANCE

Please tick all that apply:

☐ Reading ☐ Math ☐ English
☐ Other (please describe)_____

OTHER

Name of person responsible for collecting child:_____
Other persons authorized to collect child:_____
_____

Tutoring is from Monday through Thursday, 4:00-5:00pm. Fees are $40.00 per month per child and are payable at the beginning of each month.

Signature:_____ Date:_____

For Administration Use Only:
Amount received:_____ Method of payment:_____
Date received:_____ Received by:_____