

**PRINCE OF PEACE LUTHERAN CHURCH KIDREACH TUTORING PROGRAM
STUDENT ENROLLMENT FORM - PAGE 2**

Your commitment to your child and his/her education is very important to his/her success. We would like very much to join with you in helping your child get one step closer to finding success in school. Please read the following and initial where noted, and sign at the bottom if you would like your child to participate in the KidREACH tutoring program:

I, the undersigned parent/legal guardian of _____
authorize my child to participate in the KidREACH Tutoring Program at Prince of Peace Lutheran Church. I also authorize the KidREACH Site Coordinator and my son/daughter's tutor to obtain report cards, progress reports and test scores from his/her school and/or teachers.

Initial here: _____

I authorize that pictures can be taken of my child during tutoring activities, and I authorize that these pictures of my child can be used in tutoring, church and other KidREACH publications:

Initial Here: _____

I will work with KidREACH to ensure my child's regular and punctual attendance at tutoring; arriving on time and being picked up on time. In the event that my child cannot attend a tutoring session, I will notify the Site Coordinator as soon as possible that my child will be absent. If no prior notification is received, my child will be marked as "unexcused". After 2 unexcused absences, my child may be removed from the tutoring program and placed on a waiting list, pending availability of tutors. **Initial Here:** _____

In case of any accident or sickness during any activities or during transportation to or from any activity, I agree to release KidREACH and any of its staff from liability. I also consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, dental and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physical and surgeon licensed under the provision of the Medicine Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physical or at said hospital. **Initial Here:** _____

I have read the commitments above and agree to the responsibilities outlined that will aid in my child's success in this tutoring program:

Parent/Guardian Signature

Date

(Please complete both sides)