

# TTh Car Forms

Johns Hopkins Tutorial Project  
Levering Hall, Suite 200  
3400 N. Charles Street, Baltimore, MD 21218  
410.516.7673 Fax 410.516.6006

## **PARENT PERMISSION FORM** **TTh CAR FAMILIES**

Child's name \_\_\_\_\_  
First Middle Last

Child's date of birth \_\_\_\_\_ Child's grade \_\_\_\_\_ Child's gender  M  F  
(mm/dd/yy)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

I would like to receive a reminder phone call regarding any special events or schedule changes to tutoring.  Yes  No

### **PERMISSION STATEMENT**

I give permission for my child to attend the Johns Hopkins Tutorial Project. I hereby release Johns Hopkins University, the Johns Hopkins University Center for Social Concern, their agents and employees, from any and all claims or liabilities for any damages or injuries that may be sustained in connection with the program.

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

\_\_\_\_\_  
Date

### **PHOTO RELEASE (CHECK ONE BOX ONLY)**

- I **give** the Johns Hopkins Tutorial Project permission to use images of my child in informational and promotional materials, including a website.
- I **do not give** the Johns Hopkins Tutorial Project permission to use images of my child in informational and promotional materials, including a website.

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

\_\_\_\_\_  
Date

**SCHOOL COMMUNICATION INFORMATION (CHECK ONE BOX ONLY)**

- I **give** permission for the Tutorial Project staff to contact staff at my child's school to obtain information that will enable my child's tutor to meet my child's academic and behavioral needs, and for the purpose of giving my child's teacher(s) information about my child's progress in the Tutorial Project.
- I **do not give** permission for the Tutorial Project staff to contact staff at my child's school to obtain information that will enable my child's tutor to meet my child's academic and behavioral needs, and for the purpose of giving my child's teacher(s) information about my child's progress in the Tutorial Project.

School \_\_\_\_\_

Teacher \_\_\_\_\_

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

\_\_\_\_\_  
Date

**ENROLLMENT AND ATTENDANCE POLICIES**

Your child will be enrolled for approximately four semesters *if* your child continues to demonstrate an academic need for tutoring, and if his/her behavior and attendance promote success. **A total of four absences, excused or unexcused, will result in your child's tutor being reassigned and your child will be asked to leave the program.** **You must call the Tutorial Office at 410.516.7673 to report an absence.** Continued enrollment will be evaluated at the end of each semester, or more often as necessary.

I understand and agree to the above policies.

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

\_\_\_\_\_  
Date

## EMERGENCY PROCEDURE FORM CAR FAMILIES

Please provide the most accurate information so that we can contact you in case of an emergency. All boxes must be completed fully.

**You MUST list at least one emergency contact that is NOT A PARENT/GUARDIAN.**

### EMERGENCY CONTACT INFORMATION

In the event I cannot be reached, please contact the following people, who have my permission to pick my child up from the university.

_____	_____	_____	_____
Name	Relationship to child	Phone number	Alternate phone number
_____	_____	_____	_____
Name	Relationship to child	Phone number	Alternate phone number
_____	_____	_____	_____
Name	Relationship to child	Phone number	Alternate phone number

The Johns Hopkins Tutorial Project has my permission to release my child to any of the above people in the event of an emergency.

\_\_\_\_\_

Parent signature

\_\_\_\_\_

Date

**In the event none of the above parties can be reached, your child will remain with the Tutorial Project Director on campus and must be picked up as soon as possible.**

## **PARENT QUESTIONNAIRE**

**Please complete the following to help us provide the best experience for your child.**

Child \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

1. Is your child allergic to peanuts?  Yes  No  
If yes, please provide further clarification \_\_\_\_\_  
\_\_\_\_\_
2. Is your child allergic to latex gloves like those used for food preparation or in the hospital?  Yes  No  
If yes, please provide further clarification \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any medical issue that would prevent him/her from participating in tutoring activities?  Yes  No  
If yes, please provide further clarification \_\_\_\_\_  
\_\_\_\_\_
4. What academic skills would you like the tutor to focus on this semester?
5. How would you describe your child's personality and interests?
6. Does your child wear glasses?  Yes  No  
If yes:  all the time  when reading  for distance
7. Date of most recent eye exam \_\_\_\_\_
8. Has your child had hearing problems or recurring ear infections?  Yes  No
9. Date of most recent hearing exam \_\_\_\_\_
10. Does your child have an IEP?  Yes  No  
**If yes, please provide a copy with this application.**
11. Does your child have a 504 Plan?  Yes  No  
**If yes, please provide a copy with this application.**
12. Has your child ever been held back in school?  Yes  No  
If yes, please provide grade(s) held back and reason(s) for holding child back  
\_\_\_\_\_
13. Please describe your child's current academic challenges.

## **PARENT/GUARDIANS' CONTRACT CAR FAMILIES**

As the parent/guardian, I acknowledge and agree to adhere to the following Johns Hopkins Tutorial Project policies:

- ☞ My child will attend every tutoring session unless s/he is sick.
- ☞ I will call the Johns Hopkins Tutorial office, **410.516.7673**, if my child will be absent **or** more than 10 minutes late for any session.
- ☞ My child will not arrive earlier than **4:15pm** and will be picked up no later than **6:15pm**. Two violations of this rule will count as an absence and may affect my child's ability to remain in the program.
- ☞ **Four absences, excused or unexcused, will result in removal from the Johns Hopkins Tutorial Project.**
- ☞ **In the event of snow, our program will follow the schedule of the Baltimore City Public Schools.** If schools are closed, or close early, there will be no tutoring that day. If schools open late in the morning, we will have tutoring as usual.
- ☞ My child will not bring any food or beverage to tutoring. I understand that if my child does bring food, it will be taken away and returned to him/her at the end of tutoring.
- ☞ I will contact my child's student director or the Tutorial office if any of my contact information changes.

I understand that failure to abide by these policies in any way will result in my child's removal from the Tutorial Project.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Child's Name

## **REVERSE SESSION** **CAR FAMILIES**

Dear Parents, Grandparents and Guardians,

Reverse Session will be on **Thursday, October 25, 2012**. On this day, tutoring takes place at your home instead of on campus. Tutors will bring games, activities and snacks for the tutoring session. We encourage participation but it is optional. **Please note that an adult must be present in the home during the session.**

- You need to make arrangements to pick up your child's tutor from Johns Hopkins between 4:00pm - 4:20pm and drive them to your house.
- Tutors should be driven back to Johns Hopkins between 5:30pm – 5:45pm.
- Car tutees that do not want to participate in reverse session can have a regular tutoring session at Johns Hopkins. You can drop off and pick up your child at regular tutoring times.

Please complete the bottom of this form indicating your participation in Reverse Session. As always, please call 410.516.7673 with any questions.

Sincerely,

Wafa Khadraoui  
Student Director

Yes, I give permission for my child, \_\_\_\_\_, to participate in the Johns Hopkins Tutorial Project Reverse Session on **Thursday, October 25, 2012**. I understand that I will be responsible for providing transportation for my child's tutor to and from my home.

No, I do not want my child, \_\_\_\_\_, to participate in the Johns Hopkins Tutorial Project Reverse Session on **Thursday, October 25, 2012** but my child is a **car tutee** and I will bring him/her to Johns Hopkins for **regular tutoring** that day.