



# Tutoring Program

## Registration Form 20 -20

Parents' names : .....

Address : .....

Phone Number : .....

### Informations Regarding Your Child

Name: .....

Gender M  F

Age: .....

Date of birth : ..... Country of birth: .....

Mother tongue : .....

Health Insurance Number : .....

Does your child has health problem, allergies, food limitations or special needs we should know of?

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.....

### In Case of Emergency

Names : .....

Relationship to the child : .....

Phone number : .....



## School Informations

School attended by your child: .....

Grade : .....

Teacher's name : .....

Is your child in a particular education program (teaching)? If yes, which one?

.....  
.....

Is there a particular subject in which your child has trouble?

.....  
.....  
.....

Payments? .....

### Commitment

I authorize the Community Center Bon Courage to access the student file of my child if necessary.

I pledge to work with the Community Center Bon Courage and answer their calls if they need me.

I will commit daily to verify my child's schedule and to pay attention.

In case of absence or withdrawal of my child's involvement, I undertake to inform the Community Center Bon Courage as soon as possible.

Date : .....

Signature : .....

