

## Reading and Tutoring Support Registration

This free program is open to grades K–6. The fall 2019 session will run on  
**Mondays and Wednesdays from September 9<sup>th</sup> through December 4<sup>th</sup>.**

Registration is for the entire session and children must attend both days each week.

**The program will not meet during the following Jewish Holidays 9/30, 10/9, 10/14, 10/21.**

### CHILD'S INFORMATION (one form per child)

Last Name	First Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
School	Grade	Age	
Child resides with	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (name)	Relationship	

### PARENT/GUARDIAN #1 INFORMATION

Last Name	First Name	Date of Birth	
Address	City	State	Zip
Home Phone	Cell Phone	Email	

### PARENT/GUARDIAN #2 INFORMATION

Last Name	First Name	Date of Birth	
Address	City	State	Zip
Home Phone	Cell Phone	Email	

### EMERGENCY CONTACT(S) – OTHER THAN PARENT/GUARDIAN (must be local and include address)

Name	Phone 1	Phone 2	Relationship
Address	City	State	Zip

Are the emergency contacts listed here authorized to pick up your child?  Yes  No

Please provide details (if necessary).

### INDIVIDUAL READING SUPPORT (Check box to register)

<input type="checkbox"/> 1:1 Reading Tutoring	4:30 – 5:30 pm	Mondays and Wednesdays (No 9/30, 10/9, 10/14, 10/21)	September 9 – December 4
---	----------------	---	--------------------------

### GROUP WRITERS WORKSHOP (Check box to register)

<input type="checkbox"/> Small-Group Writers Workshop	5:30 – 6:00pm	Mondays and Wednesdays (No 9/30, 10/9, 10/14, 10/21)	September 9 – December 4
---	---------------	---	--------------------------

### AGREEMENTS/SIGNATURE

I consent to the enrollment of the child listed above in this facility and will have my child attend both Mondays and Wednesdays for the entirety of the program from September 9 – December 4<sup>th</sup>. (No 9/30, 10/9, 10/14, 10/21)

Parent Initials

I agree to notify the Children's Programming Department by 1:00 pm if my child is ill and will be absent from the program.

Parent Initials

I agree to allow the above child to have his/her photo taken for promotional purposes for the program and the JCC.

Parent Initials

I affirm that the information I have provided on this form is accurate and complete. The JCC of Syracuse reserves the right to remove any child from the program.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date