

CATERPILLAR TO BUTTERFLY

Tutoring

Program at the JCC

FREE



THURSDAY

4 pm - 6 pm

FRIDAY

3 pm - 5 pm

30 minute reading
one-on-one tutor sessions
available for grades K - 4

DEVELOP YOUR

READING

LEARNING

AT THE
JCC

TUTORING

HELPING HANDS



*Michelle Schotz
Foundation*

READING AND TUTORING SUPPORT
from Caterpillar to Butterfly

This FREE program is made possible thanks to a generous grant from the Michelle Schotz Foundation Reading and Tutoring Support from Caterpillar to Butterfly

CHILDREN'S PROGRAMMING
at the JCC OF SYRACUSE



Reading and Tutoring Support Registration

This free program is open to grades K–4.

The spring 2024 session will run on Thursdays and Fridays from February 1st through May 3rd.

The program will not meet 2/22-23, 3/7-8, 3/14-15, 4/25-26.

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 INFORMATON

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

PARENT/GUARDIAN #2 INFORMATON

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	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 (Please circle the desired time)

<input type="checkbox"/> Thursday	4:00 – 4:30	4:30 – 5:00	5:00 – 5:30	5:30 – 6:00
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INDIVIDUAL READING SUPPORT (Please circle the desired time)

<input type="checkbox"/> Friday	3:00 – 3:30	3:30 – 4:00	4:00 – 4:30	4:30 – 5:00
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AGREEMENTS/SIGNATURE

I consent to the enrollment of the child listed above in this facility and will have my child attend for the entirety of the program from February 1st – May 3rd.

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