



## Registration/Authorization Form: Peer-Tutoring Program 2019 Fall 2019

I would like to sign up as a:

TUTOR (Grades 6-12)

PEER (Grades 1-5)

Name:

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Date of Birth (MM/DD/YYYY) and Age:

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Day(s) available to attend  
(Mon-Fri between 4:30-6:00 PM):

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Help with English, Math, and/or French

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School & Grade:

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Home Address:

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Primary Phone Number:

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Parent/Guardian Name & Phone #:

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Parent/Guardian Name & Phone #:

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Parent/Guardian Email(s):

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Emergency Contact Name & Phone #:

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Family Doctor Name & Phone #:

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OHIP #:

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Known Health Issues

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(including Allergies, Medical or Special Needs):

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Immunization Up to Date (YES or NO)?

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Authorized Pickup People:

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\*Please note that the peer-tutoring program requires a weekly commitment for at minimum six weeks (excluding extenuating circumstances including illness, vacation, and other necessary time off). We kindly ask that participants complete the program in its entirety. If the participant is to miss a day please call or email the Jean Augustine Centre (J.A.C.) to notify staff. If two or more consecutive program days have been missed (without notice given to J.A.C. staff) the participant may be removed from the program.

In the event of an emergency and someone not listed must pick up your child, please call the Jean Augustine Centre at 416-253-9797 to inform staff. Please do not send anyone to pick up your child whom your child will not recognize. I understand that by signing below, I am agreeing that my child will only be released to the person(s) whom I have identified above as Emergency Contact or Person to Pick-Up Child, and the person(s) will be required to show proof of identification. I hereby release J.A.C. and its Staff from any legal liability and from all claims that may arise due to or relating to my child leaving the site with Emergency Contact or Person to Pick-up Child noted herein.

I hereby waive any claim against the Jean Augustine Centre and/or its staff which may arise from any injury the said name on this application may incur as a result of her participation in program activities.

**Parent/Guardian Initials:** \_\_\_\_\_

**I authorize my child to:**

**Walk/Bike/Bus Home Alone** – I give permission for my child to go home without adult supervision. I understand that JAC and its staff are not responsible for my child’s safety after this time.

**Parent/Guardian Initials:** \_\_\_\_\_

**Photography Release** - I give permission for J.A.C. staff to take photographs of my child during programs for potential use in future promotional materials.

**Parent/Guardian Initials:** \_\_\_\_\_

**Food and Drink Consent** – I give permission for JAC to give my child food & drink as part of the program.

**Parent/Guardian Initials:** \_\_\_\_\_

I have read and understand the information presented in this packet. I agree to cooperate with all JAC procedures and regulations.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*Would you like to be contacted via text message about J.A.C.’s programs, workshops and events?**

**YES**

**NO**