



## Program Application

Today's Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-Mail \_\_\_\_\_

School Attending \_\_\_\_\_ School Phone Number \_\_\_\_\_

Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

### Academics

Please indicate in which area(s) help is needed:

Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

Which special services are being received at school?

None \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ Title One \_\_\_\_\_ Special Education Label \_\_\_\_\_

Any diagnoses that affects your child's learning? \_\_\_\_\_

### Services

Please select the program in which you are requesting services.

\_\_\_\_\_ Homeschool Support

\_\_\_\_\_ GENESIS Preparatory Academy

\_\_\_\_\_ SAT/ ACT Test Prep

\_\_\_\_\_ Academic Tutoring

\_\_\_\_\_ Cameron's CommUNITY

\_\_\_\_\_ iTeach uTeach University

\_\_\_\_\_ Summer Camp

## Service Time

You may select sessions for either group or individual sessions per week. Please indicate your first, second and third preference. Other times may be available.

Individual Tutoring Times	Group Tutoring Times
3:00 - 4:00 p.m. Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____	3:00 - 4:30 p.m. Tues. ____ Thurs. ____
4:00 - 5:00 p.m. Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____	3:30 - 5:00 p.m. Tues. ____ Thurs. ____
5:00 - 6:00 p.m. Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____	

How does your child learn best? Do you have any suggestions for your child's tutor?

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## Tutor Program Agreement

As a GENESIS Learning Services student, I understand that I am responsible for the progress I make while in the program which is affected by how hard I work and my attitude. My academic coach will lend assistance but will not do the work for me.

I Agree:

- ☒ To attend all scheduled sessions. If I am unable to attend, I will notify my academic coach at least 24 hours in advance. In case of illness, I will notify my academic coach at least one hour in advance.
- ☒ That services will be terminated if there are chronic absences or if I fail to call two times.
- ☒ To bring in any homework that I might have and be ready to work with my tutor.
- ☒ To have a good attitude about being a part of the Program.

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(Student Signature)

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(Date)

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(Parent/Guardian Signature)

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(Date)