



this

program.

# Application for Child Tutoring Program

Completion of this form ***DOES NOT*** guarantee acceptance into

Please return completed application to:

**Family Literacy Center, 311 Higgins St., P.O. Box 485, Lapeer, MI 48446**

-OR- email it to [robert@readlapeer.org](mailto:robert@readlapeer.org)

<b>FLC Office Use Only</b>	
<u>Date Received:</u>	
SORT Test	— Y — N —
Parent Orientation	Y    N

I understand that I am required to attend a Parent/Child orientation \_\_\_\_\_ (Initial Here)

**Parent/Child Orientation Date will be on January 6, 2025 at 5:15 PM at Family Literacy Center.**

Please print all information

Parent/Caregiver's First and Last Name: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

I would like to be added to the Family Literacy Center email group and receive updates.

Child Lives with (*Check all that Apply*):  Mother  Father  Grandparent(s)  Other: \_\_\_\_\_

Primary Language at home: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Program Participation: (Attendance to all sessions is critical.)**

Have you or your child participated in any Family Literacy Center programs before? (*Circle one*) Yes    No

If yes, which program(s)? \_\_\_\_\_

Does your child have any after-school activities that would conflict with child tutoring? (*Circle one*) Yes    No

Are there any session dates your child would miss? (*Circle one*) Yes    No

If yes, what date(s)? \_\_\_\_\_

List the full names of **ALL PERSONS INCLUDING YOURSELF** who can pick up your child from the program? **We**

**will not release your child to ANYONE NOT ON THE LIST:** \_\_\_\_\_

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Child Education Survey:

What is your child's general attitude towards school? \_\_\_\_\_

Best Subject(s): \_\_\_\_\_ Worst Subject(s): \_\_\_\_\_

What is your child's attitude toward reading? \_\_\_\_\_

What is your child's attitude toward math? \_\_\_\_\_

Does your child have a good relationship with peers/siblings? (*Circle one*) Yes No

Does your child have a good relationship with adults (*other than you*)? (*Circle one*) Yes No

How many hours each day does your child watch tv, play video games, is on tablet/phone, etc.? \_\_\_\_\_ hrs.

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Medical Information:

Does your child have **any** medical conditions of which we should be aware of? (*Circle one*) Yes No

If yes, please explain: \_\_\_\_\_

List **any** allergies, including food allergies: \_\_\_\_\_

Does your child wear or have they ever worn glasses? (*Circle one*) Yes No

Has your child's vision been checked in the last year? (*Circle one*) Yes No

Has your child's hearing been checked in the last year? (*Circle one*) Yes No

Has your child ever been diagnosed with a learning disability? (*Circle one*) Yes No

If yes, please explain: \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) in school? (*Circle one*) Yes No

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My child qualifies for free or reduced lunch. (*Circle one*) Yes No

I have been told that my child is not at grade level in: \_\_\_\_\_

Does one or both parent (s) of the child find reading or math difficult? (*Circle one*) Yes No

Has either parent of the child not had a high school diploma or earned a GED? (*Circle one*) Yes No

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I confirm that all the information on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

*If you have any questions or concerns, please contact us at (810) 664- 2737 or [robert@readlapeer.org](mailto:robert@readlapeer.org)*



# Application for Child Tutoring Program

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## Parent/Caregiver Reading Survey

### Please print all information

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

1) How much does your child enjoy reading? (*Circle one*)

Favorite Thing    Likes it a lot    Neither like/dislike    Do not like    Hates it.

2) How often does your child read at home? \_\_\_\_\_

3) Does your child bring home reading book(s) from school regularly? (*Circle one*) Yes    No

4) Why does your child read their school reading book(s)? (*Circle one*)

He /She enjoys it.    He /She is asked to.    He /She is made/have to.    He /She won't.

5) Does your child like to read about a specific topic? (*Circle one*) Yes    No

If yes, what? \_\_\_\_\_

6) What does your child prefer to read at home? (**Check any that apply**)

- Magazines     Picture Books     Chapter Books     Fiction     Science Fiction  
 Animals     History     Action     Science     Fantasy  
 Mystery     Other     None

7) Where does your child tend to read at home? \_\_\_\_\_

8) When does your child read at home? (*Circle one*) Morning    Afternoon    Evening    Before Bed

9) Does your child read alone or with someone else at home? (*Circle one*)

They read alone.    They read with someone.



## Waiver of Liability

1) In consideration for receiving permission to participate in Family Literacy Center Child Tutoring Program, I hereby **release, waive, discharge and agree not to sue** the Family Literacy Center or their volunteers, associates or officers (hereinafter referred to as **releases**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or any of the property belonging to me while participating in such activity, or while in, or upon the premises where the activity is being conducted.

2) I am fully aware of the risks involved and hazards connected with this activity, and I hereby elect to voluntarily participate with full knowledge that said activity may be hazardous to me, my child, and my property.

3) I further hereby **agree to indemnify and hold harmless** the **releases** from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity.

4) **In signing this release, I acknowledge and represent that** I have read the foregoing agreement, understand it, and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent.

Child's Name: \_\_\_\_\_

Print Name of Parent/Caregiver: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent/Caregiver Signature & Date: \_\_\_\_\_

Witness Signature & Date: \_\_\_\_\_



**Family Literacy Center Permission to use Name, Images, and Statements**

I give permission to the Family Literacy Center to publish my name, images, and statements. This will include content from interviews with the Center, statements I have made, pictures or videos taken by the Center, and other content about my participation in Family Literacy Center projects. These will be used in the Family Literacy Center newsletters, social media posts, websites, articles, or any marketing projects.

I understand that I may revoke this agreement by sending a written notification to the Family Literacy Center.

\_\_\_\_\_

Participant's Name (Please Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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I also give permission for the Family Literacy Center to use the names, images, and statements of my minor children in Family Literacy Center newsletters, social media posts, websites, articles, or any other marketing projects.

Name(s) of minor children: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**We are asking that you answer the following questions.**

**Your answers will be anonymous.**

**This information is requested by our funders. Thank you.**

What is your ZIP code: \_\_\_\_\_

Are all the adults in your home happy with how well they read? \_\_\_\_\_ yes \_\_\_\_\_ no

Race/Ethnicity of your child

\_\_\_\_\_ African American

\_\_\_\_\_ Asian

\_\_\_\_\_ Native American

\_\_\_\_\_ White

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Other

Please check all that apply to any adults in your home:

\_\_\_\_\_ employed

\_\_\_\_\_ unemployed

\_\_\_\_\_ have a disability (learning, physical or mental)

\_\_\_\_\_ receiving public assistance

\_\_\_\_\_ did not graduate from high school

\_\_\_\_\_ graduated from college

\_\_\_\_\_ facing or faced foreclosure in last 2 years

\_\_\_\_\_ has been physically or sexually abused

\_\_\_\_\_ has been convicted of a felony

\_\_\_\_\_ do not have health insurance

\_\_\_\_\_ do not have reliable transportation

\_\_\_\_\_ single parent

How many children and adults live in your home?

\_\_\_\_\_ children \_\_\_\_\_ adults (*18 & older*)

Please indicate your family's annual income level

\_\_\_\_\_ \$10,000 or less

\_\_\_\_\_ \$10,001 to \$25,000

\_\_\_\_\_ \$25,001 to \$40,000

\_\_\_\_\_ \$40,001 to \$60,000

\_\_\_\_\_ \$60,001 or more

How many times has your family moved in the last five years? \_\_\_\_\_