



RaRa Foundation Inc. Tutoring Registration Form

Please complete the following information (Print/Scan or Type).

Child's Name: _____ Gender: _____

Student's Date of Birth: _____ Student's Age: _____

Nationality (Optional): _____ Fall School Grade: _____

Student's School: _____

Name of Parent(s) /Guardian(s):

Address: _____

Home Phone Number: _____ Cell Number: _____

Work Number: _____

Note: If any of the above information changes, please notify the RARA office immediately.

EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Name	Relationship	Home Phone	Work Phone
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_____	_____	_____	_____
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Medical Problems/Allergies: (Write None if Not Applicable)

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the RaRa Foundation Inc. to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature

Date

HOLD HARMLESS RELEASE (On-Site Participants only)

I hereby waive, release, absolve, indemnify, and agree to hold harmless the RaRa Foundation Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above-named child in any and all activities. I individually, and as a parent/guardian for my child, have read this release and understand all the terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Legal Guardian Signature

Date

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize the RaRa Foundation Inc. to produce photographs, movies, videotapes, audiotapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand RaRa Foundation Inc Association, Inc. and its employees will not use these materials for compensation.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the Executive Director of the RaRa Foundation Inc. This consent shall remain in effect, unless revoked.

Name of Student

Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

CODE OF CONDUCT

Positive attitudes keep Tutoring fun. Below are some guidelines participants are expected to follow.
Please review these expectations with your student.

General Rules for Everyone:

- Respect Yourself, the RARA Staff, Other Students, and Their Property.
- Follow the Instructions the First Time
- Play Fairly and Be Honest
- Cheer On the Efforts of Others and Be Positive
- Avoid Inappropriate Language

On-Site Rules:

- Eat and Drink in Designated Areas
- Respect the Facility, Grounds, and Equipment
- Clean Up After Yourself
- Running is Only Allowed in Outside Areas
- Tobacco, drugs, alcohol, and weapons are prohibited

Child's Signature

Date

Parent/Guardian Signature

Date

BULLYING/HARASSMENT/FIGHTING POLICY

Bullying/harassment/fighting has no place at the RaRa Foundation Inc. Tutoring. Bullying/harassment/ fighting means more than beating up or pushing people around.

Violation of this policy includes: • Physical assaults (touching in angry ways) • Threats ("Better watch your back", "I'm gonna hurt you", "We're gonna get you", etc.) • Harassment (always bothering someone) • Name-calling • Racial slurs • Intimidation • Sexual harassment – physical or verbal • Spreading rumors • Extortion • Foul language • Taunting • Making insulting remarks about another student's family members • Using the internet to harass, threaten, verbally abuse, intimidate, or spread rumors.

Violation of the intent of this policy by a participant of the RaRa Foundation Inc will not be tolerated. Review of the policy serves as your WARNING. If you are found to be in violation of this policy, you will be suspended from this program. The enforcement of this policy and any judgment on the punishment of a student for violation of this policy will be the decision of the RARA Program Coordinator or Assistant Coordinator or both and is not subject to a hearing or appeal.

Child's Signature

Date

Parent/Guardian Signature

Date

CHECK-OUT AUTHORIZATION FORM

Student's Name: _____

The following individuals are **AUTHORIZED** to check-out the above-named student from all RARA activities. Note: Add additional names if needed.

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____

Please note if anyone is **PROHIBITED** from contacting or checking-out the student. Specify the individual(s) below:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____