



Wizard's Wardrobe Student Application for after-school 1-to-1 tutoring

Student Name _____

Date of Birth _____ Gender _____ M _____ F

Parent/Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Parent Phone (home) _____ (work) _____ (cell) _____

School _____ Grade _____

Teacher _____

Name(s) of those allowed to pick up student, other than parent

_____ Phone _____

_____ Phone _____

Availability & Interests

We would like to work with each student twice a week for 1½ hours each time after his/her school day but ending no later than 5:30 PM. We collaborate with other programs such as the YMCA, South End Children's Café, etc. to take your child, if you'd like, on the other 3 days.

Please list all days student is available : _____ Mon _____ Tues. _____ Wed. _____ Thurs.
(Days picked will depend on availability of tutor.)

Student's interests: _____

Student allergies/meds. _____

Emergency Contact name: _____ Phone: _____

Expectations of students: will average 85% or higher attendance
will take tutoring seriously
will behave in appropriate manner or may be asked to leave program

(Over)

Expectations of
parents:

will attend an orientation
will notify program if student will be absent or taken early from school so
tutor knows in advance not to come. Call or text 518-776-0664.
will pick child up on time. If pick is late more than three times, the child
can be asked to leave the program. (Small grace period given.)
will read to child each day whenever possible.
will volunteer with Wizard's Wardrobe if possible.

I have read what is expected of my child and myself and agree to these requests.

Parent/Signature _____ Date _____
Guardian

I give permission to the Wizard's Wardrobe to speak with my child's teachers and/or obtain
information about levels and progress he/she is making at school.

Parent/Signature _____ Date _____
Guardian

I give Wizard's Wardrobe permission to use my child's picture in any of their literature.

Parent/Signature _____ Date _____
Guardian

If student attends Giffen Elementary, I give him/her permission to walk to the Wizard's
Wardrobe with adult accompaniment.

Parent/Signature _____ Date _____
Guardian

Please return to: South End Neighborhood Tutors
PO Box 61
Albany, NY 12201