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

WHERE READING IS MAGIC

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 coordinate with other programs such as the YMCA and Boys & Girls Club so you can have full week coverage. Days picked will depend on availability of tutor.

Please list <u>all</u> days student is available : _____ Mon _____ Tues. _____ Wed. _____ Thurs.

_____ Fri. (for 5th & 6th graders only)   _____ Tutor virtually

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

Expectations of parents	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 may be asked to leave the program. (Small grace period given.)
	will read to child each day whenever possible.
	will work with Wizard's Wardrobe to help student be successful.

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

Parent/Signature Guardian _____ Date _____

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 Guardian _____ Date _____

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

Parent/Signature Guardian _____ Date _____

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

Parent/Signature Guardian _____ Date _____

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