CADAprograms Virtual Tutoring Registration Form

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Email: cadaprogramsenrollment@gmail.com

Website: www.cadaprograms.org

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| --- | --- |
| Student’s Name: |  |
| School: |  |
| Grade Level: |  | Age: |  |  |  |
| Parent/Guardian’s Name: |  |
| Address: |  |
| City: |  | Zip Code: |  |
| **Parent/Guardian’s Contact Information** |
| Home: |  | Cell: |  | Work: |  |
| Parent/Guardian’s Email: |  |
| Subject #1— Requested Tutoring Assistance: |  |
| Teacher’s Name: |  |
| Subject #2— Requested Tutoring Assistance: |  |
| Teacher’s Name: |  |
| **Emergency Contact’s Name and Telephone #**(***Must be Different than Parent/Guardian’s Information***) |
| Name: |  |
| Home: |  | Cell: |  | Work: |  |
|  |
| Parent/Guardian’s Signature: |  |  | Date: |  |
| Parent/Guardian’s Signature: |  |  |  |  |
|  | Printed |  |  |