CADAprograms Virtual Tutoring Registration Form

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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 | | | | |  |  | |