

OneLife Tutoring Registration 2020-2021 Students Information

Name:	Birthdate:	Student ID#
School:	Grade:	
Classroom Teacher(s):	Teacher email:	
I grant permission for OLT/Lauren Heerschap to contact the classroom teacher (circle one):	YES	NO
I grant permission for OLT/tutor to access online teacher assignments for this student:	YES	NO

Parent/Guardian Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Parent/Guardian email:		

Transportation

I need for the tutoring van to pick up my child (circle one):	YES	NO
If Yes, the pick up address for the van is:		
The adult at the pick up address:	Their phone:	
If Yes, the drop off address (if different):		
The adult at the drop off address (if different):	Their phone:	
If you are providing transportation, your child will be dropped off at (time):	pick up time:	
Special instructions		

Emergency Information:

Emergency contact:	Emergency phone:	
Activity Restrictions: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please list:
Medication / allergy concerns:		

Permissions

My child has permission to attend OneLife Tutoring for the current school year (circle one):	YES	NO
My child has permission to be driven to and from OneLife Tutoring by our staff (circle one):	YES	NO
OneLife Tutoring has permission to seek proper medical attention for my child should the need arise (circle one):	YES	NO
OneLife Tutoring has permission to photograph my child for promotional purposes (circle one):	YES	NO

Insurance and Medical Information

Medical Doctor's First Name:

Last Name:

Doctor's Phone Number:

Location:

Medical Insurance Name:

Insurance Group Number:

Name of Insurance Policy Holder:

Medical Insurance Policy Number:

Any other restrictions, details, information, that we should know about?

IN THE EVENT THAT I, OR MY LISTED CONTACT PERSON CAN NOT BE REACHED, I AUTHORIZE THE ADMINISTRATION OF EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

YES Put your initials in the box (first letters of parent/guardian's first and last name)

PLEASE READ CAREFULLY - As a parent/legal guardian of the child list on this form I have reviewed the information about the 2018-2019 OneLife Tutoring, and give permission for the subject of this release to be involved in the overall activities. I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense. I/We understand all reasonable safety precautions will be taken at all times by OneLife Community Church/OneLife Tutoring and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown of this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I/We agree not to hold OneLife Community Church/OneLife Tutoring, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. Your completion of this form means you are "signing off" and giving us permission as stated above.

Parent or Guardian Signature: _____ Date: _____

Parent / Guardian / Family Volunteer

First Name:

Last Name:

I am interested in helping with: Transportation

Math Games

Kitchen Cleanup/Prep

Field Trip Helper

Book sorting

Assistant Tutor

Science Lesson

Is volunteer under 21 years of age? Yes

Parent/Guardian Signature if under 21:

OneLife Community Church 3524 NE 95th Street, Seattle WA 98115

Tutoring Director: Lauren Heerschap (206) 719-3752 onlifetutoring@gmail.com