



2017-2018 After-School Tutoring
2ND – 6TH Grade Students
October 3rd – May 24th
Tuesdays, Wednesdays, and Thursdays

Please return to:

Turning Point 1315 N 160th Street, Shoreline, WA 98133 | office@turningpointseattle.org | (206) 402-6960

Child Contact Information (*All the information on this form is confidential)

1. First name: _____ 2. Last name: _____
3. ☐ Male ☐ Female
4. School: _____ Teacher's Name: _____
5. Current Grade (for the 2017-2018 school year): _____
6. Birth Date: ____/____/____ 7. Age: _____
month day year
8. Address: _____ Apt #: _____ City: _____ Zip: _____
9. Parent/caregiver name(s): _____
10. Cell Phone #: (____) _____ Email: _____
11. ☐ My child qualifies for Free and Reduced Lunch
12. Ethnicity: _____
13. My child is an immigrant or refugee or new arrival to the U.S. ☐ Yes ☐ No
14. Language(s) spoken at home: _____

Medical and Emergency

15. Food Restrictions: _____
16. Does child have a special need/disability/medical condition? ☐ Yes ☐ No
- If yes, please describe: _____
- _____
17. Emergency Contact 1: Name _____ Phone (____) _____
- Emergency Contact 2: Name _____ Phone (____) _____
18. Name of person(s) who MAY NOT pick up my child? _____

19. Health Insurance Company _____

Policy #/Medical Coupon# _____ Group # _____

Emergency Treatment Release: In the event that I cannot be contacted, I give my consent for Turning Point staff to administer first aid and call for emergency medical help. I consent for medical procedures to be performed for my child by a licensed physician or hospital if deemed necessary to protect my child's health. Any expenses will be accepted by me.

Liability: I hereby hold Turning Point, its agents, officers and employees harmless from, and waive, release and discharge any claim or cause of action I have, or in the future may have, for injury, accident, illness, or death occurring during or by reason of this program, including being not limited to the administration of or the non-administration of said medical treatment, first and/or medication in accordance with the consent and/or information provided above. This release is limited to discharge in advance Turning Point, its agents, officers and employees from any and all liability even though that liability may arise out of negligence or carelessness on the part of the persons Turning Point mentions above.

I have carefully read this authorization/release and fully understand its contents and voluntarily consent to its terms and conditions.

Printed Name: _____

Signature: _____ Date: _____

Bus Transportation Permission and Waiver Release

20. ☐ My child attends Parkwood and needs shuttle transportation: ☐ Tuesdays ☐ Wednesdays ☐ Thursdays
☐ My child attends Meridian Park and needs shuttle transportation: ☐ Tuesdays ☐ Wednesdays ☐ Thursdays
- ☐ I will drop my child off at Turning Point's tutoring site.
☐ My child will walk to Turning Point's tutoring site.
- ☐ My child will walk home at 5:00pm after tutoring.
☐ My child will be picked up at 5:00 after tutoring

21. Release of liability, waiver to claims, assumption of risks and indemnity agreement. By signing this legal document, you will waive certain legal rights, including the right to sue.

Liability: I hereby release and forever hold harmless Turning Point, their directors, officers, employees, representatives, and drivers from responsibility for the lost or stolen property or bodily injury resulting from or attributed to the bus transportation.

I have carefully read this authorization/release and fully understand its contents and voluntarily consent to its terms and conditions.

Signature: _____ Date _____

Photo Permission

22. Do we have permission to photograph or videotape your child:
- For use in art projects or bulletin boards? ☐ Yes ☐ No
 - For use in Turning Point brochures, on website or in newsletters? ☐ Yes ☐ No
 - I prefer that: ☐ only first names be used ☐ a fictitious name be used ☐ no name be used at all

Please complete, sign and return this registration form to:

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