

EVERGREEN ACADEMY INC.

176 Elm St. Port Colborne, ON L3K 5V4
(289) 273-2283
learn@evergreenacademy.ca
www.evergreenacademy.ca



TUTORING REGISTRATION FORM: Please complete and return one copy of this form for each child registering.

Full Name of child: _____ Male: ___ Female: ___

Date of birth: (MM/DD/YYYY) _____ Age: _____

Ontario Health Card# (OHIP) _____ Current Grade: _____

Parents(s) or Guardian(s): _____

Address: _____

City: _____ Postal Code: _____

Telephone: () _____ Cell: () _____

Emergency contact (Name and Tel.No): _____

Allergies or Medical conditions, if any (attach a separate sheet if required): _____

Does your child have a learning disability or other condition that we should be aware of? NO YES

If yes, please provide details (attach separate sheet if required): _____

_____ Current Reading Level (if known) E-mail address: _____

Confirmations, receipts, updates and changes to schedules will be sent by e-mail wherever possible; please print clearly.

Areas that Require Attention (check all that apply)

___ Reading ___ Decoding Words ___ Fluency ___ Comprehension ___ Letter Recognition
___ Writing ___ Spelling ___ Math ___ Science ___ Other: _____

*It is always helpful if you are willing to share your child's most recent report card and/or provide a letter from your child's teacher

Is your child on an IEP? NO YES

Do you wish for your child to receive "homework"? NO YES

Programming Options: ___ ½ HOUR (\$25) ___ 1 HOUR (\$35) ___ TIMES PER WEEK

Payment Options: Full payment is required at each session either as a cheque or cash.

Please complete and sign the acknowledgement on page 2 of this registration form.



Acknowledgement

I desire that the child named on Page 1 participate in the Evergreen Academy Inc. Tutoring Program and all their activities, unless I advise the director otherwise in writing. I agree that, having taken the precautions that, in your discretion, are deemed advisable, Evergreen Academy Inc. and its staff/volunteers will not be held responsible for any sickness or accident to my child. If for any reason my child requires medical attention beyond that furnished by Evergreen Academy Inc., I agree to be responsible for any expense incurred. I covenant and agree to indemnify Evergreen Academy Inc., its employees, directors, volunteers and staff and save them harmless from and with respect to all suits, actions and prosecutions by reason of any activity carried out by my child, whether on or off the premises at which the Evergreen Tutoring Programs are held. I consent to the use of the likeness (including still photos and videos) of my child in connection with the Evergreen programs and for related institutional promotional purposes throughout the world and without any compensation, unless I advise the director otherwise in writing.

I expressly release Evergreen Academy Inc., its officers, directors, agents, employees, volunteers, licensees and assigns from and against any and all claims for invasion of privacy, defamation, infringement of copyright or any other cause of action that may arise out of such use. I hereby irrevocably release Evergreen Academy Inc. from any and all claims for libel and invasion of privacy in connection with the foregoing.

The purpose of gathering the information on this form is to provide Evergreen Academy Inc. with the information they need to facilitate the activities of youth participating in Evergreen Academy program activities and to be able to respond in the event of an emergency. Please note that Evergreen Academy Inc. is committed to respecting the privacy of our students, their families, and our employees, by adhering to the privacy principles set forth in the Evergreen Academy Inc. Privacy Policy that can be found on our website at www.evergreenacademy.ca or by requesting a hard copy from the director. By completing this form, you acknowledge and agree to the use of your personal information as described by the Evergreen Academy Privacy Policy Statement.

This form is to be completed and signed by the parent/guardian at the beginning of each program. It is the responsibility of the parent/guardian to notify/update Evergreen Academy Inc. of any changes to the medical status of their son/daughter/ward as these changes occur. The parent/guardian should also notify the Evergreen Academy Inc. if there are any other changes to the information on this application.

Parent/Guardian Signature: _____ Date: _____