



REGISTRATION APPLICATION

Application to be completed by parent/guardian. Please print clearly using blue or black ink. Please fill out one application per child.

New Student

Returning Student

Has your child attended East Harlem Tutorial Program before? NO YES If yes, for how many years ____

How did you hear about EHTP?

T-shirt size: (circle one) Child SMALL Child MEDIUM Child LARGE
Adult SMALL Adult MEDIUM Adult LARGE

Male ____ Female ____ Primary language(s) spoken at home? English ____ Spanish ____ Other ____

First name: M.I.: Last name:

Date of birth: Child age: Phone:

Current address: Apt #

City: State: ZIP Code:

PARENT/GUARDIAN INFORMATION

	Child is living with	Home number	Work Number	Mobile Number
Parent/Guardian 1				
Parent/Guardian 2				

SIBLING INFORMATION

Name of brother/sister	Age	Name of brother/sister	Age

DOES YOUR CHILD HAVE A CELL PHONE? YES / NO CELL NUMBER _____

EMERGENCY CONTACT/AUTHORIZED PICK UP INFORMATION Only individuals listed below will be permitted to pick up your child

Does your daughter/son have permission to leave her/his own? NO YES

Name	Relation to child	Phone number(s)

I authorize the people listed above to pick up my child during the program year.

Parent / Guardian name (PRINT)

Parent/Guardian signature



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SCHOOL INFORMATION		
School Name	Grade	Teacher's name
Has your child ever been held over?	NO YES	What grade(s)?
Is your child considered an ELL(English Language Learner)?		
Social Worker name	Social Worker phone number	Is the student employed? NO YES Place of employment _____
General Education	Special Education/IEP	Type
HEALTH INSURANCE INFORMATION		
Does your child have allergies?	NO YES	If yes, please list allergies here
Does your child have health coverage?	NO YES	
If YES, please provide EHTP with a copy of the insurance card (front and back)		
If your child does NOT have Medicaid, please fill out the information below:		
Medical plan name	ID/ Policy Number	Insurance provider phone number
PARENT / GUARDIAN SIGNATURES		
<p>PLEASE CHECK:</p> <p><input type="checkbox"/> I give permission to the East Harlem Tutorial Program (EHTP) to use pictures in which my child might appear to help publicize EHTP.</p> <p><input type="checkbox"/> I permit EHTP to call the social worker listed above, if consultation is necessary.</p> <p><input type="checkbox"/> I permit EHTP, in case of illness or accident, to use the proceeds of whatever hospitalization or medical coverage my child may have.</p> <p><input type="checkbox"/> I give consent for medical personnel treating my child to release any medical records to EHTP, if requested.</p>		
Parent / Guardian name (PRINT)		Date:
Signature of Parent/Guardian		Relation to child



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Student Name: _____ **Grade:** _____

PARENT Volunteer

Are you interested in participating as a EHTP Parent Volunteer? NO YES **if yes, please list your interests**

- | | |
|---|--|
| <input type="checkbox"/> Special Events (i.e. multi-cultural, pre Thanksgiving) | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Youth Education |
| <input type="checkbox"/> Art | <input type="checkbox"/> Health |

FAMILY BACKGROUND – ETHNICITY

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Bi – racial | <input type="checkbox"/> Hawaiian / Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Multi – racial | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |

FAMILY BACKGROUND – LIVING SITUATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Living with both parents | <input type="checkbox"/> Living with mother only | <input type="checkbox"/> Living with foster parents |
| <input type="checkbox"/> Living with relatives | <input type="checkbox"/> Living with father only | <input type="checkbox"/> Other _____ |

FAMILY BACKGROUND – INCOME STATUS

- | | | |
|---|------------------------------|--|
| <input type="checkbox"/> EMPLOYED PLACE OF EMPLOYMENT _____ | <input type="checkbox"/> SSI | <input type="checkbox"/> SS |
| <input type="checkbox"/> UNEMPLOYED | <input type="checkbox"/> ADC | <input type="checkbox"/> PUBLIC ASSISTANCE |

FAMILY BACKGROUND – PARENT EDUCATIONAL HISTORY – PARENT/GUARDIAN 1

- | | | |
|--|---|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> Some college | <input type="checkbox"/> Trade school degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Undergraduate Degree | <input type="checkbox"/> Graduate degree |

FAMILY BACKGROUND – PARENT EDUCATIONAL HISTORY – PARENT/GUARDIAN 2

- | | | |
|--|---|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> Some college | <input type="checkbox"/> Trade school degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Undergraduate Degree | <input type="checkbox"/> Graduate degree |

FAMILY BACKGROUND – ANNUAL INCOME

SINGLE PARENT / GUARDIAN

- | | | |
|---|---|---|
| <input type="checkbox"/> \$ 0 - \$9,500 | <input type="checkbox"/> \$ 11,301 – \$ 14, 200 | <input type="checkbox"/> \$ 16, 501 – \$ 20,000 |
| <input type="checkbox"/> \$ 9,500 – 11, 300 | <input type="checkbox"/> \$ 14,201 – \$ 16, 500 | <input type="checkbox"/> \$ 20,001 +more |

TWO PARENTS / GUARDIANS

- | | | |
|--|---|---|
| <input type="checkbox"/> 0 – \$ 11,300 | <input type="checkbox"/> \$16,701 – \$18, 700 | <input type="checkbox"/> \$ 30,001 - \$40,000 |
| <input type="checkbox"/> \$11,301 – \$14, 300 | <input type="checkbox"/> \$ 18,701 – \$20,000 | <input type="checkbox"/> \$40,001 - \$50,000 |
| <input type="checkbox"/> \$14, 301 – \$16, 700 | <input type="checkbox"/> \$ 20,001 – \$30,000 | <input type="checkbox"/> \$50,001 + more |



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CONSENT FORM



East Harlem Tutorial Program

Consent to obtain student's academic records directly from the Board of Education

The East Harlem Tutorial Program conducts regular evaluations to insure that the program is effective in helping your child do well in school. Scores on the city-wide and reading tests and high school graduation information are two of the things used in this evaluation. With your permission, we can obtain these scores and high school graduation information directly from the Board of Education. This information will not be reported to anyone else.

If you give permission to obtain your child's school records directly from the Board of Education, please check the box giving permission and sign your name. If you do not wish to give that permission, please check the refusal box so we will not receive this information. Whether you give permission or not does not effect your child's participation in the program in any way.

- YES** I give permission for my child's school records to be released by the Board of Education.

- NO** I do not give permission for my child's school records to be released by the Board of Education.

Name of child _____

Name of parent/guardian _____

Parent/guardian signature _____

Date _____

OSIS # _____