



S.T.E.P (Student Teaching and Education Program)
STUDENT REGISTRATION FORM
(Please fill out one form for each child)

Student's Name: (First) _____ (Last) _____

Date of Birth: _____ **School:** _____ **Grade:** _____

(Optional) Name of Teacher: _____ **May we contact this teacher?** Yes No

Check if you are ESL student. If yes, what is your primary language? _____

Check the subject(s)/areas for which tutoring is needed:

Math English Science Other _____ Homework

PARENT / GUARDIAN INFORMATION

1. Name: _____ **Email:** _____

2. Name: _____ **Email:** _____

Mailing Address: _____

Telephone: (Home) _____ (Cell) _____

Child's Doctor's Name: _____ **Phone:** _____

Address: _____

Medical History: While your child participates in our program, please tell us if he/she has any allergies, or are taking any medication that we need to know about. Please provide details below or state "None."

In case of an emergency, who should we contact?:

Name: _____ **Phone:** _____

Please list carpool Pick-up:

Name: _____

Is there anyone legally NOT allowed to pick up your child? If so, please state specifically who that person is and their relationship to the child.

Name: _____ **Relationship:** _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____