

# WHIZ KIDZ

## PARENTAL APPLICATION/AUTHORIZATION FORM

Thank you for choosing to allow your child to participate in the Whiz Kidz program! Our goal is to help your student grow academically, develop a healthy relationship with an adult mentor, and learn about God.

Your student has the option to be transported to the Whiz Kidz site by pre-screened and selected tutors. Tutors will travel in pairs to pick up their students. The program will be held once a week throughout the school year and will follow the public school district calendar. Whiz Kidz includes dinner, Bible talk time, games, and approximately 30min of one-on-one reading time with the tutor. We ask that your student be ready to go to Whiz Kidz and that you or another guardian is present when dropping him/her off at home.

Child's Name \_\_\_\_\_ ( Male / Female )

Your Child's Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Date) Year

Your Child's Elementary School Name \_\_\_\_\_

Your Child's Current Grade Level (2009-2010 school year) \_\_\_\_\_

Your Child's Teachers Name \_\_\_\_\_

\* \* \* \* \*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address \_\_\_\_\_, \_\_\_\_\_, IA \_\_\_\_\_  
(city) (zip code)

Pick up address: \_\_\_\_\_, \_\_\_\_\_, IA \_\_\_\_\_  
(city) (zip code)

Drop off address: \_\_\_\_\_, \_\_\_\_\_, IA \_\_\_\_\_  
(city) (zip code)

Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

\* \* \* \* \*

Emergency Contact Person \_\_\_\_\_

Emergency Contact Person's address \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

\* \* \* \* \*

Secondary Emergency Contact Person \_\_\_\_\_

Secondary Emergency Contact Person's address \_\_\_\_\_

Secondary Emergency Phone Number \_\_\_\_\_

\* \* \* \* \*

\_\_\_\_\_  
(Student Name)

- I authorize my child \_\_\_\_\_ to participate in Whiz Kidz program during the 2009/2010 school year from \_\_\_\_ to \_\_\_\_ (time) on \_\_\_\_\_ (day) at \_\_\_\_\_ (address of Whiz Kidz learning site)

If the tutor needs to correct your student, they will be given a written warning through an Incident Form. On the second correction, you will be contacted about the behavioral issues and on the third correction after meeting with you, your student may be asked to leave the Whiz Kidz program. Whiz Kidz reserves the right to ask a student who has been corrected by the Incident Form more than 3 times to be asked to leave the Whiz Kidz program for the remainder of the school year.

If your student's assigned tutor is unavailable for the Whiz Kidz program, we will attempt to assign a pre-screened, substitute tutor for that session.

**Transportation:**

- I authorize the following people, other than myself, to transport my child to and from his/her tutoring session.
- \_\_\_\_\_
  - \_\_\_\_\_
- Yes, my child \_\_\_\_\_ has permission to travel with his/her tutor (or substitute tutor) to the Whiz Kidz learning site to participate in the after school tutoring (Whiz Kidz program). I understand that my child must be available after school for transportation to the Whiz Kidz learning site, and the tutor will not leave until after the end of the program to transport my student home.

**I understand that:**

- 1) I am responsible for making sure that my child is ready before each tutoring session and that more than 2 unexcused absences may result in removal of my child from the program.
- 2) Whiz Kidz tutoring is a program of Freedom for Youth Ministries and not my child's school. Activities during each tutoring session will also include teachings of Christian principles.
- 3) I agree to hold harmless Freedom For Youth Ministries, its employees, board members and volunteers against any and all claims, demands, suits, liabilities and expenses, including attorney's fees, arising out of or related in any way to the services and or transportation provided under this program.
- 4) I agree to allow photos and/or short video clips of my student while involved in Whiz Kidz for purposes of sharing the Whiz Kidz program with others. Your child's name will not appear on any of the materials that are submitted.
- 5) I agree that the Whiz Kidz Coordinator or my child's volunteer tutor from Freedom for Youth can obtain academic reports from my child's teacher and/or other school faculty. I also agree/understand that the Coordinator or volunteer tutor will be in communication with my child's teacher and/or other school faculty (either through conferences, one-on-one meetings, phone or email). The information gained through academic reports and teacher communication is valuable for the Coordinator and tutor in understanding how to best help my child.

**Please note:**

It is your responsibility to notify the Whiz Kidz Coordinator if you decide to discontinue tutoring for your student or if there is a change in the child's address for pick-up or drop off.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print (first name) \_\_\_\_\_ (last name) \_\_\_\_\_