



Family Intake and Registration/Tutoring

Office Notes: [Lined area for notes]

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Emergency Contacts: (or individuals authorized to pick up child/children):

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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Please list any dietary restrictions:

\_\_\_\_\_

I certify all information is true and accurate. Please initial below all that apply.

\_\_\_ Medical care and transportation is authorized.

\_\_\_ I give my permission for my child to participate in all parts of the Seashore Family Literacy Program

\_\_\_ I give permission to use their photos on the Seashore Family Literacy website and other social media platforms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_