REGISTRATION FORM 2026-2027

Student Name(s)_____

Parent/Guardian Information

Name_____

Address _____

Telephone # _____ Email _____

FALL/SPRING Schedule: Please choose when your student would like to attend (Please number by preference 1 or 2):

Tuesday (3:30-5:00 pm) _____ **Wednesday** (3:30-5:00pm) _____

* I am able to contribute $10 for one tutoring workbook and/or $20 for two workbooks to help my child better be equipped at school. ____ Yes ____ No

Individuals Authorized to Pick Up Student

Anyone picking up a student after tutoring will be asked to show a photo ID. Only individuals authorized in writing by the parent/guardian will be permitted to pick up student.

Name _____

Relationship to Student _____ **Phone #** _____

Name _____

Relationship to Student _____ **Phone #** _____

Name _____

Relationship to Student _____ **Phone #** _____

Student 1 Information

Grade Level _____ Teacher's Name _____ Age _____

Male ☐ Female ☐ Birth Date _____ School _____

Identify areas of learning needs (circle): **Reading** **Language** **Math**

Please identify any learning disabilities, behavior disorders, special school programs, food allergies, etc.

_____

Student 2 Information

Grade Level _____ Teacher's Name _____ Age _____

Male ☐ Female ☐ Birth Date _____ School _____

Identify areas of learning needs (circle): **Reading** **Language** **Math**

Please identify any learning disabilities, behavior disorders, special school programs, food allergies, etc.

_____

Student 3 Information

Grade Level _____ Teacher's Name _____ Age _____

Male ☐ Female ☐ Birth Date _____ School _____

Identify areas of learning needs (circle): **Reading** **Language** **Math**

Please identify any learning disabilities, behavior disorders, special school programs, food allergies, etc.

_____

📸 PHOTO & MEDIA PERMISSION FORM

Help Us Capture the Fun at FPC Learning Zone!

Throughout the season of tutoring, we may take photographs and videos of activities to celebrate the wonderful memories being made. These images may be used in our church's:

- Monthly Newsletter
- Church Website
- Church Social Media Pages
- Church Promotional Materials

Child's Name: _____

Parent/Guardian Name: _____

Please check one:

☐ **YES**, I give permission for my child to be photographed and/or videotaped during his/her learning at First Presbyterian Church. I understand that these images may be used in the church's newsletter, website, social media, and other church publications.

☐ **NO**, I do not give permission for my child to be photographed or videotaped during tutoring time.

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____

Thank you for helping us make our Tutoring season a memorable experience for everyone!

CONSENT AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from September 15, 2026 through April 28, 2027, and to be transported by an employee, agent, or volunteer (an "Agent") of the First Presbyterian Church of Turlock, CA in case of an emergency.

In consideration of the student being allowed to participate in the Program:

1. I understand that the church and its volunteers will exercise their judgment in supervising the student and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the student to be injured or become ill during the activities. In consideration of sponsoring, organizing and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend, and hold harmless the Church and any of its Agents, employees or volunteers (collectively, the "First Presbyterian Church of Turlock Parties") from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the Student participating in the Program.
2. I understand and agree that the Student may be sent home at my expense if any Agent, employee or volunteer determines that the Student has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity

Name (please print) _____ Signature _____ Date_____

Parent/Legal Guardian

** Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of Minor*