



# Registration Form for Saturday Math Tutoring Program

This form **along with an up-to-date copy of your student's Immunization Record** are required for participation and must be submitted:

By mail to:

Dr. Robert Ray  
Gonzaga University  
Department of Mathematics, MSC 2615  
502 E. Boone Ave.  
Spokane, WA 99258

OR

By Email to:

math@gonzaga.edu

### **IDENTIFICATION INFORMATION**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP

Home Telephone \_\_\_\_\_

School \_\_\_\_\_ Child's Present Grade \_\_\_\_\_

Is your student in a special reading class such as Title I? Yes No

### **CONTACT INFORMATION**

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

### **PERMISSION TO PHOTOGRAPH AND RECORD**

We may wish to photograph your child in various mathematics clinic activities. These photographs would be reproduced in promotional and/or educational material to be shared with teachers and students. Child/ren's names will not be published.

Do we have your permission to photograph your child and to use these photographs as described above?

Yes No

To we have your permission to tape record your child for testing purposes? Yes No

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**PHYSICAL INFORMATION**

Child's general physical condition: Poor Good Excellent

Has your student been examined by an eye specialist? Yes No

If yes, please give date of last visit: \_\_\_\_\_

Does your student wear glasses? Yes No

Does your student fatigue easily? Yes No

Is your student inattentive? Yes No

Does your student seem to hear correctly? Yes No

Are there any speech impediments? Yes No

If yes, please share the nature of the impediment: \_\_\_\_\_

Does your student have any physical disabilities? Yes No

If yes, please share the nature of the disability: \_\_\_\_\_

**IMMUNIZATION RECORDS**

I understand that I must provide an up-to-date copy of my student's official immunization record or official certificate of exemption prior to participating in Gonzaga University's Saturday Math Tutoring Program. \_\_\_\_\_ (initial)

I further understand that in the event of an outbreak of infectious disease such as measles, mumps, rubella, etc., the record will be referenced to determine whether or not my student is eligible to participate. \_\_\_\_\_ (initial)

Failure to provide proof of current immunizations or exemption will result in my student's being excluded until such proof is provided to Gonzaga University. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

FOR INTERNAL USE ONLY			
Date Registration Received:		Reviewed by:	
Date Immunization Records Received:		Date Approved by Health Center:	

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**