



BCSCR

Three Rivers Education Foundation

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501 Airport Dr., Suite 209
Farmington, New Mexico 87401
Phone: 505-436-2548 Fax: 505-436-2553
Web: <http://3RiversEd.org>

FREE TUTORING IN READING: REGISTRATION FORM

Use this form to register your child for free tutoring in reading. Use one form per child. **Submit this form to your child's school.**

By submitting this registration form, you agree to

- Make sure your child attends all sessions;
- Provide transportation, as needed, to attend the sessions and for pick-up after the sessions;
- Contact the tutor in advance if your child will not be able to attend a tutoring session;
- Notify the tutor if your contact information changes, particularly phone numbers;
- Participate in the goal setting process for your child;
- Allow BCSCR tutors to conduct an assessment of your child's reading ability; and
- Allow the school to release relevant education information regarding your child to BCSCR representatives to support service delivery, education research, and project evaluation.

Student's name: _____

School: _____ School district: _____

Grade: _____

Teacher's name (PreK-5th grade, if known): _____

Student ID number (if known): _____

Age: _____ Birthday (MM/DD/YYYY): _____

Child's primary language: _____

Your name: _____ Relation: _____

Your main phone number: _____ Secondary phone number: _____

Mailing address: _____

E-mail Address: _____

Who is authorized to pick up your child (other than yourself)?

1. _____ Phone: _____ Relation: _____

2. _____ Phone: _____ Relation: _____

When is your child available for tutoring? Sun: ___ Mon: ___ Tue: ___ Wed: ___ Thu: ___ Fri: ___ Sat: ___

(Check the days that are available. Monday - Friday will be after school.)

I agree to the terms above and would like to register my child for reading tutoring.

Sign: _____ **Date:** _____