



Wizard's Wardrobe Student Application for after-school 1-to-1 tutoring

Student Name _____

Date of Birth _____ Gender _____ M _____ F

Parent/Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Parent Phone (home) _____ (work) _____ (cell) _____

School _____ Grade _____

Teacher _____

Name(s) of those allowed to pick up student at end of program, other than parent.

_____ Phone _____

_____ Phone _____

Availability & Interests

We would like to work with each student twice a week for 1½ hours each time after his/her school day but ending no later than 5:30 PM. We coordinate with other programs such as the YMCA and Boys & Girls Club so you can have full week coverage. Days picked will depend on availability of tutor.

Please list all days student is available: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Student's interests: _____

Student allergies/meds. _____

Emergency Contact name: _____ Phone: _____

Expectations of students: will average 85% or higher attendance
will take tutoring seriously
will behave in appropriate manner or may be asked to leave program

Expectations of
parents:

will notify program if student will be absent or taken early from school so
tutor knows in advance not to come. Call or text 518-331-1447 or
tutor directly.

will pick child up on time. If pick-up is late more than three times, the
child may be asked to leave the program.

will read to child each day whenever possible.

will work with Wizard's Wardrobe to help student be successful.

1. *I have read what is expected of my child and myself and agree to these requests.*

Parent/Signature _____ Date _____
Guardian

2. *I give permission to the Wizard's Wardrobe to speak with my child's teachers and/or obtain
information about levels and progress he/she is making at school.*

Parent/Signature _____ Date _____
Guardian

3. *I give permission for my child to be picked up to go to the Wizard's Wardrobe with adult
accompaniment.*

Parent/Signature _____ Date _____
Guardian

4. *I give permission for my child to walk to and from the Howe Branch of the Albany Public
Library (105 Schuyler Street, Albany, NY 12202) with adult accompaniment.*

Parent/Signature _____ Date _____
Guardian

Please return to: South End Neighborhood Tutors
Wizard's Wardrobe
Program Director
PO Box 61
Albany, NY 12201

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN

I am the parent/guardian of _____ (print full name of child)
("My Child").

I hereby grant The Wizard's Wardrobe, and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any of the organization's publication, websites or social media accounts, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless The Wizard's Wardrobe and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release. **THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING (Both parents, if possible) PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)**

CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

NON-CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

Parent/Guardian's Printed Name	Signature	Date
--------------------------------	-----------	------

Parent/Guardian's Printed Name	Signature	Date
--------------------------------	-----------	------

With the following exceptions:
