

(Please return this signed form with your Calvert House Tutoring Application)
Calvert House Tutoring Program

CALVERT HOUSE TUTORING RULES:

1. All participants must show respect and consideration for each other at all times.
2. All participants must arrive on time, be prepared to learn, and have brought all necessary materials in order to complete their study plan. If students have no homework during a particular week, they still must bring other materials to study.
3. Students are expected to bring study materials that will keep them occupied for the length of the tutoring session (2 hours). If he/she does not bring enough study materials, they may be sent home early.
4. It is the parent's responsibility to notify the tutoring coordinator at least 24 hours in advance if they are unable to attend a session or intend to be late. This is out of consideration for the tutors who volunteer their time to the program.
 - a. If a student is more than 20 minutes late for a tutoring session, he/she will be considered absent.
 - b. If a student is absent from his/her tutoring session three times without contacting the tutoring coordinator *before* the tutoring session begins, he/she will be expelled from the tutoring program until the following academic year.**
5. Parents must pick their children up from tutoring *promptly* at the end of each session.
6. Students must return all books they have borrowed to the Calvert House Library at the end of each session.
7. All participants must respect Calvert House property and be considerate to the other students and groups who use Calvert House during tutoring sessions.
8. It is the responsibility of the parent to be available for contact during each of the sessions in case of early dismissal or for emergency reasons.

Failing to comply with any of these rules may result in dismissal from the program. This will ensure respect of the **tutors who volunteer their time to make this program successful**. This will also help our program to accommodate other students needing tutoring services on the waiting list.

I have read all of the above rules and agree to comply with them by enrolling in the Calvert House Tutoring Program for the school year.

Parent/ Guardian's Name (Printed)

Parent's Signature

(Date)

Student's Name (Printed)

Student's Signature

(PARTICIPANT COPY: please retain this information for your records)

**Calvert House Tutoring Program
Mission Statement**

As undergraduate and graduate students at the University of Chicago, we, the volunteer coordinators and tutors of the Calvert House Tutoring Program, feel a responsibility to utilize our academic talents and privileges in a way that benefits the learning experience of grade school and high school students who need help with their education. Our learning environment at Calvert House allows our tutors to give their students one-on-one tutoring in a large group setting, which fosters not only productive tutoring sessions, but also establishes a sense of community. Since each student in our program is assigned to work with the same tutor each week, our program allows for lasting friendships between each tutor and student.

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CALVERT HOUSE TUTORING PROGRAM APPLICATION

We will get back to you within a few weeks of submission.

Please return this form by **September 30th** to:

Calvert House Tutoring Program
5735 S. University
Chicago, IL 60637

Questions? Please (preferably) email Calverthousetutoring1@gmail.com

Or call **Joanna Izewski at 630-740-0226 or **Andrea Núñez at 305-803-7655****

Student Name:

Age:

School:

Grade:

Name of Parent/Guardian (of student's primary residence):

Street Address:

City/State/Zip:

Cell Phone:

Home Phone:

Work Phone:

Email Address:

Have you participated in our program before? Yes ___ No ___

If so, who was your tutor?

Do you have any family members who were enrolled last year?

Please list their name(s):

Do you have any family members who are applying for the program this year?

Please list their name(s):

What is the student's strongest subject?

What is the student's weakest subject?

Please list any foreign language classes the student may take:

Please rank the tutoring sessions that best would fit the schedule of the student (“1” being the most convenient time, “4” being the least convenient. Please indicate any that you cannot attend with an “X”)

SAT 10:00-12:00 _____
SAT 1:00-3:00 _____
TUES 4:00-6:00 _____
WED 4:00-6:00 _____

Does the student have any food allergies? If so, please list them.

Does the student have any learning disabilities or special difficulties?

Does the student have any illnesses or health conditions we should be aware of?

Is the student on regular medication, and if so, what medication and how often? Will the student be required to take this medication during tutoring?

To get better student/tutor pairings, we ask the students to briefly describe what they hope to do academically with their tutoring time (i.e. prepare for high school or college entrance tests, general help with material covered over the week in school, only math, only history, etc.). We have some tutors who are exceptionally qualified in certain areas, so this section can be very helpful.

If the student has participated in the program before, and either the student or parent/guardian would like to make a comment about the effectiveness of the program or to offer suggestions, please do so here (this will be confidential).

Thank You!



RELEASE FOR PARENT/GUARDIAN

In consideration of the good will received, and other good and valuable consideration, receipt of which is hereby acknowledged, I give the Archdiocese of Chicago the absolute right to use and/or copyright and/or publish in any medium for advertising and/or promotion of the Archdiocese of Chicago, without limitation, my name, my child's/children's name and/or photographs made of me or my child/children, whether such photographs be retouched or otherwise changed in character or form, and/or any other information about our relationship with the Archdiocese.

I understand that I have no right to inspect and/or approve the advertising in which my or my child's/children's name, photograph and/or other information about our relationship with the Archdiocese is used. I also understand that I or my child/children have no rights to such photograph(s) or advertising.

I agree that under no circumstances shall I or my child/children have a right to maintain any cause of action against the Archdiocese of Chicago for anything done pursuant to the terms of this Release, or against anyone else acting by virtue of the terms of this Release.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent or Guardian Signature:

Name: _____

Address: _____

Date: _____

Parental/Guardian Permission Form for Calvert House Tutoring Program

I give permission for my child _____ to participate in the Calvert House Tutoring Program sponsored by Calvert House. I acknowledge and agree that attached to this permission form is a copy of the tutoring program hours of operation and that my child has permission to attend the tutoring program during the hours of operation. I understand that if my child violates any rules governing the tutoring program, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

MEDICAL AUTHORIZATION

In the event I cannot be reached, and in the judgment of the responsible adults or other appropriate staff members operating the tutoring program, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

EMERGENCY CONTACT (In the event parent(s)/guardians(s) cannot be reached.)

NAME: _____

Relationship to child _____

Phone No. (_____) _____

NAME OF PHYSICIAN _____

Phone No. () _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Medical Insurance Company _____ Policy # _____

HEALTH INFORMATION

Allergies: _____

Current Medications _____

Any other health information we should know about? _____ Yes _____ No

If yes, then explain _____

Parent/Guardian Signature

Parent/Guardian Signature

Address

Address

City, State

City, State

Telephone Numbers:

Home

Home

Work

Work

Cell Phone

Cell Phone