



OUT EAST YOUTH TUTORING SUPPORT SERVICES

REGISTRATION FORM

PRINT NAME

Name: _____

(First)

(MI)

(Last)

Birth date: _____ Age _____

Address _____ City _____ Zip _____

Contact number (_____) _____ Emergency contact _____

Cell (____) _____ or Home (____) _____ Relationship _____

(SHANDS @ UF will be used for medical emergencies unless otherwise directed by parent/guardian.)

Emergency Center Preference _____

Do you need any assistance to access the building yes ___ no ___ if yes

explain _____

Do you have any medical problems we should be aware of (i.e. allergies, medication needed etc.)

yes ___ no ___ If yes explain

Will you donate snacks Yes _____ No _____

Our mission is to create opportunities for youth in the neighborhood to increase their chance for success.

GDNA is a non-profit organization dedicated to the education of young children in Gainesville and Alachua County. As a non-profit organization, we provide tutoring services in a safe and secure environment. I also give permission for myself & my child to be photographed while attending and used in published information about GDNA or its tutoring services. By signing below, you acknowledge that you understand the above statement, and wish for your child to participate in tutoring services at no cost.

Participants Signature: _____ Date: _____

If you are 17 years of age are younger you parent are guardian must sign for you to be able to attend;

Parent/Guardian Signature: _____ Date: _____

By signing above, I agree to be a part of the parent group that meet once a month.

Rev E Butler, President

Carla Miles Secretary

Shirley McNish Treasure

Contact Us at: greaterduval@gmail.com or at **918 Ne 18th street Gainesville, FL, 32641** Or 352-225-5939

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Out East Youth Tutoring Support Services Questionnaire

1. Do you attend any type of school yes___ no___ if yes what's the name of the school?

2. What is your favorite Subject(s) in school? _____ ,

_____ , _____

3. What Subject(s) do you need the most help with? _____ ,

_____ ,

4. Are you under court supervision? yes___ no___ would you like to earn community services hours? Yes___ No___

May we contact your court officer? Yes___ No___

if yes sign here _____

Officer name _____

Contact number _____

5. What type of career would you like to have in the future? _____

6. Have you ever visited a Historically Black College Campus? yes___ No___

7. What would you like for the Out East Youth Tutoring Support Services to help you accomplish? _____

8. What type of activities would you like to be involved in _____

Participants Signature: _____ Date: _____

If you are 17 years of age are younger you parent are guardian must sign for you to consent to this questionnaire.

Parent/Guardian Signature: _____ Date: _____

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GDNA'S OUT EAST YOUTH TUTORING SUPPORT SERVICES



AS A member of OEYTSS

I Agree to:

- Come to Tutoring with my homework, supplies, and ready to learn.
- Come to Tutoring with a good attitude.
- No cursing, hitting, fighting or rough housing.
- Help other as I am being helped if I can.
- Be respectful to all elders.

Student _____

Parent _____

Date _____

OEYTSS Support _____

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