



**OUT EAST YOUTH TUTORING SUPPORT SERVICES
REGISTRATION FORM**

PRINT NAME

Name: _____
(First) (MI) (Last)
Birth date: _____ Age _____

PRINT NAME

Name: _____
(First) (MI) (Last)
Birth date: _____ Age _____

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 _____

DOES ANY CHILD need any assistance to access the building yes___ no___ if yes
explain _____

Does any child have any medical problems we should be aware of (i.e. allergies, medication needed etc.)
yes___ no___ If yes explain

Child 1. _____

Child 2. _____

Child 3. _____

Will you donate snacks: Yes _____ No _____

Participants Signature: _____ Date: _____

Participants Signature: _____ Date: _____

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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Participants Signature: _____ Date: _____

If you are 17 years of age or younger your parent or 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.

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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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