



## CentroNía Tutoring Application 2017-2018

### ENROLLMENT PROCESS

- **Step 1: Submit a complete application packet** with all questions answered and all required documents. *Please see below for a full checklist of application documents.*
- **Step 2: A CentroNía staff member will call or email you** to discuss your application materials, our programs and when to come in for pre-testing

### APPLICATION CHECKLIST

IN ORDER FOR YOUR STUDENT TO BE CONSIDERED FOR CENTRONIA, WE MUST RECEIVE THE FOLLOWING DOCUMENTS:

Documents Required for All Students:

- The Tutoring Application Form with ALL questions answered
- Individualized Educational Plan (IEP) (if they have one)

If you have additional concerns, please contact Catherine Brenner, Family Literacy Program Manager, at [cbrenner@centronia.org](mailto:cbrenner@centronia.org) or 202-332-4200 ext 1006.

Today's Date (MM/DD/YYYY): \_\_\_\_\_

Student 1 First and Last Name: \_\_\_\_\_

Student 2 First and Last Name: \_\_\_\_\_

Student 3 First and Last Name: \_\_\_\_\_

Full Name of Person Completing this Application: \_\_\_\_\_

Your Relationship to the Student(s): \_\_\_\_\_

### CENTRONIA TUTORING PROGRAM

The tutoring program will be available for the 2017-2018 school year. All programs will be held at CentroNía Office at 1420 Columbia Road, NW, Washington, DC for students in **grades First through Eighth grade**.

### 2017-2018 School Year Programs (October 2017-May 2018):

Elementary Reading Program: Grades 1st-8th (Please "check" the days you're interested in.)

\_\_\_\_ Monday 4-6 pm:      \_\_\_\_ Wednesday 4-6 pm      \_\_\_\_ Saturday 10-12pm:  
\_\_\_\_ Tuesday 4- 6pm:      \_\_\_\_ Thursday 4-6 pm

**STUDENT INFORMATION 1:****Student's Current Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_\_\_**Zip Code:** \_\_\_\_\_ **Ward #:** \_\_\_\_\_**Birth Date (DD/MM/YYYY):** \_\_\_\_\_**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_**Student Cell Phone Number (if applicable):** \_\_\_\_\_**Student Email (if applicable):** \_\_\_\_\_

**Ethnicity: (Please Circle)**      Multi-Racial      African-American/Black  
Asian/Pacific Islander      Caucasian/White      Hispanic/Latino  
Native American      Other: \_\_\_\_\_

**STUDENT EDUCATION INFORMATION 1:****School:** \_\_\_\_\_**City:** \_\_\_\_\_**State:** \_\_\_\_\_**School Type:** (Please Circle) Public   Charter   Private**¿Has your student ever been retained a grade or had a prolonged absence from school?**

\_\_\_\_\_ Yes   \_\_\_\_\_ No

**If so, when and why?****Does your student have the following plan to receive supplemental services or accommodations at school?****Individualized Education Plan(IEP):**

\_\_\_\_\_ Yes   \_\_\_\_\_ No

**CENTRONIA INVOLVEMENT****Has THIS student ever participated in any CentroNía programs before?:**

(Check) \_\_\_\_\_ Yes   \_\_\_\_\_ No

**If yes, indicate the program(s) and years of involvement:****How did you hear about CENTRONIA? (Please be specific and check ALL that apply.)**

\_\_\_\_\_ **School/Teacher**      \_\_\_\_\_ **Other:** \_\_\_\_\_  
\_\_\_\_\_ **Flyer**      \_\_\_\_\_ **Referral**  
\_\_\_\_\_ **Event**      \_\_\_\_\_ **Web**  
\_\_\_\_\_ **Radio/TV**      \_\_\_\_\_ **Newspaper/Ad**

(Please skip this page if only submitting application for one child.)

**STUDENT INFORMATION 2:**

**Student's Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Ward #:** \_\_\_\_\_

**Birth Date (DD/MM/YYYY):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Student Cell Phone Number (if applicable):** \_\_\_\_\_

**Student Email (if applicable):** \_\_\_\_\_

**Ethnicity: (Please Circle)**

Multi-Racial	African-American/Black
Asian/Pacific Islander	Caucasian/White
Native American	Hispanic/Latino
Other:	_____

**STUDENT EDUCATION INFORMATION 2:**

**School:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**School Type: (Please Circle)** Public Charter Private

¿Has your student ever been retained a grade or had a prolonged absence from school?

\_\_\_\_ Yes \_\_\_\_ No

If so, when and why?

**Does your student have the following plan to receive supplemental services or accommodations at school?**

**Individualized Education Plan (IEP):**

\_\_\_\_ Yes \_\_\_\_ No

(Please skip this page if only submitting application for one or two children.)

**STUDENT INFORMATION 3:**

**Student's Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Ward #:** \_\_\_\_\_

**Birth Date (DD/MM/YYYY):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Student Cell Phone Number (if applicable):** \_\_\_\_\_

**Student Email (if applicable):** \_\_\_\_\_

**Ethnicity: (Please Circle)**

Multi-Racial	African-American/Black
Asian/Pacific Islander	Caucasian/White
Native American	Hispanic/Latino
Other:	_____

**STUDENT EDUCATION INFORMATION 3:**

**School:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**School Type: (Please Circle)** Public Charter Private

¿Has your student ever been retained a grade or had a prolonged absence from school?

\_\_\_\_ Yes \_\_\_\_ No

If so, when and why?

**Does your student have the following plan to receive supplemental services or accommodations at school?**

**Individualized Education Plan(IEP):**

\_\_\_\_ Yes \_\_\_\_ No

### **PARENT/GUARDIAN 1 INFORMATION**

**Parent/Guardian First Name:** \_\_\_\_\_

**Parent/Guardian Last Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Best Way to Contact:** (Please Circle)   Email   Home Phone   Cell Phone   Work Phone

### **PARENT/GUARDIAN 2 INFORMATION (Must list a second contact person.)**

**Parent/Guardian First Name:** \_\_\_\_\_

**Parent/Guardian Last Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Best Way to Contact:** (Please Circle)   Email   Home Phone   Cell Phone   Work Phone

### **SIGNATURE**

- I certify that the above information is accurate to the best of my knowledge.
- I understand that before my student will be considered for any CentroNía program, i must admit all required documentation (application form, report card/transcript, and any applicable supplemental education plans.)
- I understand that if my student is chosen to participate in CentroNía tutoring, he/she must attend program regularly.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **MEDICAL HISTORY FORM**

**If any of your children have any allergies or medical issues, please specify which child and list them below.**

**If your student has ANY food allergies or dietary restrictions, please list them here:**

\_\_\_\_\_

**If your student has any other allergies, please list them here:**

\_\_\_\_\_

**Additional medical issues/activity restrictions that you would like to share:**

\_\_\_\_\_  
\_\_\_\_\_

### **Media, Photography, and Video**

I understand and give permission to CentroNía and approved partners to use photos or video of my child for use as CentoNía deems appropriate for publicity and fundraising purposes. I understand that CentroNía will keep my child's name confidential unless i give permission for use of my child's first name for publicity purposes (or with photos or video) by answering "Yes" to the following question:

**Does CentroNía have permission to include your child's first name with stories, pictures, or videos?:**

☐ Yes or ☐ No

### **Permission**

I have read and understand all of the above, and want my student to be considered for participation in CentroNía.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_