



Give Every Child A Chance
 Mentor/Tutor Program
 322 Sun West Place, Manteca, CA 95337
 Office: (209)825-7003 / Fax: (209)823-6255

For Office Use Only:
 Date Stamp Received

Tutor Request Application Form

1. Fill out entire application with as much information as possible.
2. Must include parent signature.
3. Turn in, mail or fax completed application with a copy of your child's most recent report card or progress report to the Program Office. Office information listed above.

STUDENT INFORMATION

Last: _____ First: _____ MI: ___ Male Female Other _____

Home Phone: _____ Alternate Number: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ School: _____ Teacher: _____

Grade: _____ Parent/Guardian Email Address: _____

Special Education/Individual Education Plan (circle one): NO YES (if yes, attach copy of IEP or other support documents)

Foster Child (circle one): NO YES

CHILD LIVES WITH

(Mark all that apply)	First and Last Name	Home Phone (Daytime)	Alternate Phone (Evening)
<input type="checkbox"/>	Mother		
<input type="checkbox"/>	Father		
<input type="checkbox"/>	Guardian		

EMERGENCY CONTACT (other than parent/guardian)

Name: _____ Phone: _____ Relation: _____

Primary Physician: _____ Phone: _____

Health Insurance (circle one): NO YES Carrier Name: _____ Policy #: _____

Health Concerns, Allergies, or Disabilities (circle one): NO YES if yes, please list: _____

The following information is **MANDATORY!** It is for grant funding purposes only and has no bearing in your student's registration. All information is strictly confidential.

IS YOUR FAMILY RECEIVING (check all that apply): **If not receiving any of the below check here:** _____

TANF Food Stamps Social Security Free/Reduced Lunch Cal Works Other _____

ANNUAL HOUSEHOLD INCOME (check one): **TOTAL NUMBER LIVING IN HOUSEHOLD:** _____

\$0-\$31,850 \$31,851-\$34,399 \$34,400-\$36,949 \$36,950-\$39,499 \$39,500-\$42,049 Over \$42,050

ETHNIC BACKGROUND (check all that apply): **ARE YOU HISPANIC/LATINO?** (check one) NO YES

Black/African American White Asian Am. Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Black/African Am. & White Asian & White Am. Indian/Alaskan Native & White
 Am. Indian/Alaskan Native & African Am. Other Multi-Racial _____

TEACHER REFERRAL – Please specify the student's subject area(s) in which he/she is receiving a failing grade. Include any other areas of study, which a mentor/tutor may help improve. You may attach any support documents. Please feel free to fax our Program Office or send with student, any extra study materials/assignments, which the mentor/tutor can assist.

Student's Current Letter Grade: _____

I certify that the above named student is in danger of failing or being retained and can benefit from the Give Every Child A Chance

Tutor Program. Teacher Signature: _____ Date: _____

Incomplete applications will result in a delay in your child receiving service.

MORE INFORMATION NEEDED ON BACK SHEET

MUST ATTACH A COPY OF MOST RECENT REPORT CARD OR PROGRESS REPORT

AVAILABILITY – Please specify the day, time and location where you would like to receive tutoring. Tutor sessions are for one (1) hour, two days per week. Hours of operation vary between tutor sites.

DAYS (please check ALL that are convenient):

- Monday & Wednesday Tuesday & Thursday Any Day

TIMES (please check ALL that are convenient):

- 2:00 – 3:00 3:00 – 4:00 3:15 – 4:15 3:30 – 4:30 4:00 – 5:00
 4:15 – 5:15 4:30 – 5:30 5:00 – 6:00 5:15 – 6:15 5:30 – 6:30

Sites (Mark ALL convenient sites by noting 1st, 2nd, and 3rd choices):

<i>Site</i>	<i>Hours of Operation</i>	<i>Site</i>	<i>Hours of Operation</i>
August Knodt School 3939 EWS Woods Blvd., Weston Ranch	Monday – Thursday 3:30 - 6:30	Mossdale School 455 Brookhurst Blvd., Lathrop	Monday – Thursday 3:30 - 6:30
Brock Elliott School 1110 Stonum Lane, Manteca	Monday – Thursday 3:30 - 6:30	Neil Hafley School 849 Northgate Dr., Manteca	Monday – Thursday 3:30 - 6:30
GECAC Ed Center (Reading HAP) 322 Sunwest Place, Manteca	Monday & Wednesday 3:45-6:00	Nile Garden School 5700 East Nile Ave., Manteca	Monday – Thursday 3:00 - 6:00
George Komure School 2121 Henry Long Blvd., Weston Ranch	Monday – Thursday 3:30 - 6:30	Ripon Elementary 509 W. Main St, Ripon	Monday-Thursday 3:00-6:00
George McParland School 1601 Northgate Dr., Manteca	Monday – Thursday 3:30 - 6:30 (HAP Tue & Thur)	Ripona School 415 Oregon St., Ripon	Monday – Thursday 2:00 - 6:00
Gladys Poet Elementary School 1701 S. Central Ave., Tracy	Monday – Thursday 3:30 - 6:30	River Island Technology Academy 1175 Marina Dr, Lathrop	Tuesday/Thursday 3:15 - 6:15
Golden West School 1031 N. Main St., Manteca	Monday – Thursday 3:15 - 6:15	Sequoia Elementary 710 Martha St., Manteca	Monday-Thursday 3:00-6:00
Great Valley School 4550 Star Way, Weston Ranch	Monday – Thursday 3:30 - 6:30	Shasta School 751 E. Edison St., Manteca	Monday – Thursday 3:30 - 6:30
Joseph Widmer School 751 Stonebridge Ln., Lathrop	Monday – Thursday 3:15 - 6:15	Stella Brockman School 763 Silverado Dr., Manteca	Monday –Thursday 3:15 - 6:15
Joshua Cowell School 740 Pestana Ave., Manteca	Monday – Thursday 3:15 - 6:15	Tracy Family Resource Center 35 E. 10 th St, Tracy	Monday-Thursday 3:30-5:00 HAP 5:00-6:00 TEACH
Lathrop School 15851 South 5th St., Lathrop	Monday – Thursday 3:30 - 6:30	Veritas School 1600 Pagola Ave., Manteca	Monday – Thursday 3:30 - 6:30
Lincoln School 705 E. Yosemite Ave., Manteca	Monday – Thursday 3:15 - 6:15	Walter Woodward School 575 Tannehill Dr., Manteca	Monday – Thursday 3:15 - 6:15
Manteca High School 450 E. Yosemite Ave., Manteca	Tuesday & Thursday 2:30-3:30 (High School) 3:30-5:30 (Reading HAP)	Wanda Hirsch Elementary 1280 Dove Dr., Tracy	Monday – Thursday 3:30 - 6:30
Melville S. Jacobson School 1750 W. Kavanagh Ave., Tracy	Monday – Thursday 3:30 - 6:30		

Technology Device Waiver

This form is mandatory and must be completed for each student in program.

<p>Give Every Child A Chance (GECAC) strives to be a welcoming and accommodating program for its students. We also strive to enable students to utilize, learn, and use current technology to create the best 21st Century learners. We do not discourage students from bringing their own technology to program however; we do ask parents sign a waiver of liability.</p> <p>By signing below, the parent and the student recognize that any personal device brought into the GECAC After School Program or GECAC Ion1 Tutoring Program is the sole responsibility of the student. This includes (but not limited to) MUSD Panasonic E3 devices, cell phones, iPods, MP3 players, eReaders, tablets/iPads, netbooks, and laptops. The parent/guardian and student shall assume all risk with any personal device that is brought into program. GECAC will not be held responsible for lost, stolen, or damaged devices.</p>

Student Name: _____ **Grade:** _____

Please Print

Parent/Legal Guardian: _____ **Date:** _____

Signature

CONFIDENTIALITY AND RELEASE OF INFORMATION:

I _____ hereby authorize *Give Every Child A Chance* to release or disclose information in order to coordinate services, advocate, and/or facilitate service delivery to my child. In order to insure my child qualifies for service, I give permission for my child's school and/or Manteca/Ripon/Tracy/River Island/Banta School District to provide copies of report cards or any other grading information needed for delivery of services. As the parent/guardian of the applicant, I also understand the following to be true: **(Please initial only after you have read each bullet point)**

- _____ 1. *It is a privilege and not a right for my son/daughter to be involved in Give Every Child A Chance's Mentor/Tutor program. Any misconduct or disobedience will result in immediate dismissal from the program.*
- _____ 2. *To limit distractions and assure students get quality time during their session, no siblings or friends are allowed to remain in the tutoring classroom.*
- _____ 3. *I will notify the GECAC Program Office no less than 1 hour prior to my child's scheduled tutoring session when he/she is unable to attend their scheduled session. Noncompliance of this will result in an unexcused absence.*
- _____ 4. *After 2 unexcused absences, parents/guardians will receive a phone call notifying them the next time their child has an unexcused absence they will be released from our program. If your child has excessive excused absences, their participation in the program will be reevaluated and may result in immediate dismissal from the program.*
- _____ 5. *I understand once the student's tutoring session is complete they are no longer under the care of Give Every Child a Chance, and it is the parent's/guardian's responsibility to make sure all students are picked up no later than five minutes after the program ends. Except with an informed emergency, if the child remains on campus beyond the 5 minutes, the police department will be contacted. If there is an excessive failure to pick up the student on time, it may result in immediate dismissal from the program.*
- _____ 6. *If any student who causes, attempted to cause or threatens to cause physical injury to a student, volunteer, or staff member; or willfully uses force or violence upon another person it result in their immediate dismissal from the program.*
- _____ 7. *I agree to indemnify and hold harmless Manteca, Ripon, Banta, River Island and Tracy School Districts, GECAC, board of directors, employees/volunteers and all presenters and parties affiliated with the organization/program of any incident occurrence, injury or loss of property while attending and participating in GECAC programs no matter how the injury or loss was occurred. The aforementioned shall not be held responsible for the liability or expense for legal cost or medical treatment for my child; however, I do authorize the organizers, staff, EMT, physician, or hospital to administer emergency treatment or transport to a medical facility in the event of accident, illness, or injury. I understand that every attempt will be made to contact the parents in case of treatment. I give permission for my child's photo to be used in any promotion or advertisement in relation to the event. I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.*
- _____ 8. *GECAC must remain neutral in child custody issues and we must go by the information listed on the application at the time of enrollment.*
- _____ 9. *My child may be photographed/filmed and published in material approved by Give Every Child A Chance while participating in a sponsored activity or event, including organizations website and social media sites.*
- _____ 10. *All students will be processed by **date the application was/is received!** No exceptions. In case we are unable to place your student in program immediately, he/she will be placed on our waiting list until space becomes available. **WE DO NOT GUARANTEE PLACEMENT WILL BE MADE!***
- _____ 11. *Any information written on this application will be used to match your student with an appropriate tutor.*

Give Every Child A Chance believes that to provide quality services, the parents' and child's right to privacy shall be considered paramount and shall be assured to the greatest possible extent. Therefore, all interactions between staff, volunteers and children will be considered confidential and privileged. The undersigned agrees to consent in advance to the use of surveys, questionnaires, charts, work samples, and other assessment tools for the purpose of program evaluation, development, tracking, and needs assessment. Public disclosure of a child's personal, financial or grading information for any purpose other than grant funding or general statistical reasons is forbidden unless expressly allowed in writing by the parent. Staff and volunteers of Give Every Child A Chance are required by law to report the following:

1. **CHILD ABUSE OR NEGLECT:** *Any incident or suspected child abuse will be immediately reported to the appropriate agency. Contact the Program Director.*
2. **POTENTIAL HARM TO SELF OR OTHERS:** *Any case where a child is threatening harm to himself/herself or others will be immediately reported to the appropriate agency. Contact the Program Director.*

By signing below, you indicate that you have read, understand, and agree to abide by the policies listed above.
(Please sign only after you have read this page in its entirety)

Parent Signature: _____

Date: _____

For more information, visit us at WWW.GECAC.NET

