

VALLEY AFTER SCHOOL TUTORING (VAST) REGISTRATION FORM

Student's Name: _____ Age: _____

Grade: _____ Program: _____

Teacher(s): _____

Subject(s): _____

Parent's Name: _____

Mailing Address: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact's Name & Phone: _____

Doctor's Name & Phone: _____

What do we need to know about your child? _____

What academic goals do you have for your child? _____

Please check times your student is available to be tutored:

Mondays	3:00-4:00_____	4:00-5:00_____	
Tuesdays	3:00-4:00_____	4:00-5:00_____	
Wednesdays	2:00-3:00_____	3:00-4:00_____	4:00-5:00_____
Thursdays	3:00-4:00_____	4:00-5:00_____	

PHOTO RELEASE

I understand that photos of my child may be used for public relations and I give informed consent for the San Geronimo Valley Community Center to use my child's likeness in its i.e. newspaper, website, brochures, emails etc.

PAYMENT AND CANCELLATION POLICY

Parents of enrolled students will be billed at the end of each month. Payments are due no later than the 10th day of the following month. Cancellation of a tutoring session must take place 24 hours in advance by calling the VAST office at 415-488-4118 ext. 506 or email VAST@sgvcc.org. Otherwise, you will be charged for that session.

Please make checks payable to: SCVCC and mail them to P.O. Box 194, San Geronimo, CA 94963.



I hereby agree to indemnify and hold harmless the San Geronimo Valley Community Center and its officers, contractors and employees and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child arising out of or in any way connected with the participation in the program named above. In an emergency, my child may be treated by a qualified doctor.

Signature _____ Date: _____