



# Summer Tutoring Programs Enrollment Form

Stephenson Hall, Second Floor  
CPO 2170, Berea, KY 40404  
Phone: 859.985.3935 | Fax: 859.985.3809  
www.berea.edu/celts

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Please Print Name Here; Sign on Last Page)

I would like my child to be enrolled in the following summer tutoring program(s):

Math Skills Camp  Reading/Writing Skills Camps  Both Math and Reading/Writing Skills Camp

Does CELTS have your permission to access test scores (i.e. MAP, KPREP, etc.) from your child's school in order to design sessions based on their individual needs?  Yes  No

What are the student's hobbies and interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child participated in a tutoring program before?  Yes  No

a) If yes, who provided the services (i.e. the CELTS One-on-One Tutoring program, Sullivan Learning Center, ESS programs after school, etc.)? \_\_\_\_\_

Does your child have permission to use the internet under supervision?  Yes  No

List any other information that will help us in getting to know your child better.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attendance Policy**

It is very important that your child attend the program sessions every day. Children are allowed no more than one absence to remain in the program. If your child cannot attend a tutoring session, please let us know as soon as possible (preferably one day in advance). You can reach us or leave a message at (859) 985-3804.

Initial here if you understand our attendance policy. \_\_\_\_\_

**Liability Release and Waiver**

As a condition of my child’s participating in this program, I, the undersigned do hereby agree to the following: I understand that my child’s participation in the program is voluntary and that this program and related activities could expose my child to known, unknown or unanticipated risks of property damage, personal injury and even death. Acknowledging that such risks exist, I hereby release and discharge Berea College, its trustees, officers, agents, employees, and students (including but not limited to all CELTS staff) from any and all claims of liability for bodily/personal injury or property damage my child may suffer while participating in the activity, including, but not limited to , any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release Berea College, its trustees, officers, agents, employees, and students (including CELTS staff) for any negligence of the College, the program or the trustees, officers, agents, employees, or student of Berea College relating to the program and any program activities.

\_\_\_\_\_  
**Parent and/or Legal Guardian Signature**

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

\_\_\_\_\_  
**Printed Name of Parent and/or Legal Guardian**

**Please return this form to CELTS, Summer Tutoring Programs, CPO 2170, Berea College, Berea, KY 40404, fax to 859-985-3809 or return directly to the CELTS office located on the second floor of Stephenson Hall (formally the Bruce-Trades Building).**

**All forms must be returned before any child will be enrolled in any program.**