



Mission:
Through engaged and interactive learning, Back to the Basics Tutoring LLC aims to help increase the knowledge of basic foundational concepts

Vision:
Back to the Basics Tutoring LLC aims to inspire and motivate children to excel academically through engaged and interactive learning by using new approaches to increase their focus and participation in a learning environment. To help develop the children needs and also build a partnership with parents, families and communities to best help the children to build their progress and confidence in identified academic areas.

~ ~ ~ ~ ~

BACK TO THE BASICS TUTORING LLC EMERGENCY CONTACT FORM

CHILD'S INFORMATION

First/Last Name: _____

Nickname: _____ Birthday: _____

Home Address: _____

Home Phone: _____

PARENT /GUARDIAN CONTACT INFORMATION

1. First/Last Name: _____

Work Address: _____

Work Phone: _____ Home Phone: _____

Cell: _____

Include your email address and Facebook names (For communication only)

E-mail: _____ Facebook: _____

2. First/Last Name: _____

Work Address: _____

Work Phone: _____ Home Phone: _____

Cell: _____

Include your email address and Facebook names (For communication only)

E-mail: _____ Facebook: _____



Mission:
Through engaged and interactive learning, Back to the Basics Tutoring LLC aims to help increase the knowledge of basic foundational concepts

Vision:
Back to the Basics Tutoring LLC aims to inspire and motivate children to excel academically through engaged and interactive learning by using new approaches to increase their focus and participation in a learning environment. To help develop the children needs and also build a partnership with parents, families and communities to best help the children to build their progress and confidence in identified academic areas.

~ ~ ~ ~ ~

RELEASE INFORMATION

I give authorization to release my child in the event I am unavailable OR if I consent to:

1. First/Last Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Cell: _____

E-mail: _____ Facebook: _____

2. First/Last Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Cell: _____

E-mail: _____ Facebook: _____

MY CHILD'S DOCTOR CONTACT INFORMATION

Name: _____

Specialty (e.g., pediatrics): _____

Address: _____

Work Phone: _____

OTHER IMPORTANT INFORMATION:

I grant permission for Back to the Basics Tutoring LLC, including but not limited to its volunteers, affiliates, members, or associates to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child, identified above, during an emergency or disaster. I also grant permission for my child to be released to any of the emergency contacts I have designated on the previous page if I am unable to pick them up in an emergency or any other time. I



Mission:

Through engaged and interactive learning, Back to the Basics Tutoring LLC aims to help increase the knowledge of basic foundational concepts

Vision:

Back to the Basics Tutoring LLC aims to inspire and motivate children to excel academically through engaged and interactive learning by using new approaches to increase their focus and participation in a learning environment. To help develop the children needs and also build a partnership with parents, families and communities to best help the children to build their progress and confidence in identified academic areas.

~ ~ ~ ~ ~

agree to not hold Back to the Basics Tutoring LLC, its affiliates, partners, sponsors, volunteers, directors, associates or members liable for any harm, medical needs, food allergies or illness that occurs while in or outside of the program.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____