



Family & Friends Connection, Inc  
7161 Pembroke Road, Suite 1  
Pembroke Pines, FL 33023  
(954) 404-9456

## **REGISTRATION FORM**

***PLEASE PRINT CLEARLY***

**Parent's Name:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Work Phones:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## ***STUDENT INFORMATION***

**Student's Name:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

**School attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Subjects for tutoring/assistance (list in order of preference/need):**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Student Medical Conditions/Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Additional Information/Concerns:** \_\_\_\_\_

\_\_\_\_\_

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

**Parent/Guardian Signature:**

\_\_\_\_\_



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## EMERGENCY WAIVER FORM

**Student's Name:** \_\_\_\_\_

In case of accident or serious illness, I request Family & Friends Connection, Inc to contact me. If Family & Friends Connection, Inc is unable to reach me, I hereby authorize Family & Friends Connection, Inc to contact the physician indicated on this form and to follow his or her instructions. If it is impossible to contact this physician, Family & Friends Connection, Inc is authorized to take the necessary steps to provide emergency care and treatment of my child for which I shall be financially responsible.

In case of accident or illness where immediate treatment of my child is not indicated but where he or she is unable to remain at Family & Friends Connection, Inc, I request Family & Friends Connection, Inc to contact me or my spouse to arrange transportation for my child. If Family & Friends Connection, Inc is unable to contact either my spouse or me, I request that one of the persons listed on this form be contacted and requested to take care of my child.

**Name of Student's Physician:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone:** \_\_\_\_\_

**Authorized Persons:**

**First Contact:** Name \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Second Contact:** Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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



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## **TUTORIAL AGREEMENT**

**Student:** \_\_\_\_\_

**Parent:** \_\_\_\_\_

### ***BOTH PARENT AND STUDENT AGREE TO:***

- Be prepared for the tutoring session  
(Bring homework or required material to be covered)
- Arrive during scheduled time
- Act in respectful manner during tutoring sessions
- Contact Family & Friends Connection, Inc at least two hours prior to cancelling/rescheduling a tutoring session
- Discuss any concerns about tutoring sessions with tutor first

I have read and understand the expectations listed above and hereby agree to adhere to the stipulations set out by this tutorial agreement.

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

**Signature of Student:** \_\_\_\_\_

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



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## **TUTOR APPLICATION**

***PLEASE PRINT CLEARLY***

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phones: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***EDUCATION BACKGROUND***

Highest Degree/Diploma Held: \_\_\_\_\_ Year Received \_\_\_\_\_

Currently Enrolled: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

School Attended/ing: \_\_\_\_\_

### ***WORK/EXPERIENCE***

(1) Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates: \_\_\_\_\_

(2) Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

Signature of Prospective Tutor: \_\_\_\_\_

Family & Friends Connection is an equal opportunity organization and does not discriminate on the basis of race, religion, gender, age, ethnicity or national origin.

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**We must Work, Play and Live as One**