ACTION CENTERED TUTORING SERVICES
Making a difference… one child at a time
35 Chestnut Street, Springfield, MA 01103
Phone: 413-731-9810 Email: info@acts86.org

STUDENT APPLICATION

Personal Information (Please print):

Student's Name: _____
(Last) (First) (Middle) (Preferred Name/Nickname)

Address: _____
(Street) (City) (ZIP)

Student's Date of Birth: _____ School: _____ Grade: _____

Student's Gender: [ ] Female [ ] Male [ ] Non-binary [ ] Other [ ] Prefer not to say

Student's Race: [ ] American Indian or Alaska Native [ ] Asian [ ] Black [ ] Hawaiian or Pacific Islander [ ] Hispanic [ ] White [ ] Two or more of the options [ ] I prefer not to answer

Did your child participate in the ACTS tutoring program last year? [ ] Yes [ ] No

ACTS does not provide transportation to/from our programs. Does your child have reliable access to transportation to/from the program location? [ ] Yes [ ] No

Parent/Caregiver Name: _____ Email Address: _____

Parent/Caregiver cellphone#: _____ Text to this number? [ ] Yes [ ] No

Other phone numbers (please specify work/home/landline): _____

Other Contact Information: the information listed above for the primary caregiver will be used first in the event of an emergency

Person (other than primary caregiver) to contact in the event of an emergency: _____

Phone: _____ Text to this number? [ ] Yes [ ] No Relationship to the student: _____

Please indicate any individuals (other than yourself) to whom your child may be released:

_____

Please indicate any individuals to whom your child may NOT be released:

_____

Medical/Other Information:

Does your child use an assistive device or need any accommodations due to a physical, intellectual, and/or sensory disability, or is there anything else of which we need to be aware to help ensure a positive experience? [ ] Yes [ ] No

If yes, please describe:

_____

Does your child have any allergies (for example, insect bites, food allergies, etc). Yes [ ] No [ ] If Yes, please describe:

_____

Please identify insurance coverage: _____/_____
(Carrier) (Number)

Educational Information:

What academic strengths does your child have, and what help does your child need (ex. no problems with reading comprehension, needs assistance with multiplication/math):

_____

Permissions:

ACTS needs your permission for several kinds of information and activities to enable your child to get the full benefit of the program, and for safety reasons. ***Please initial each release to which you give permission.***

PLACEMENT OPTIONS

I understand that I may be contacted to discuss my child's needs and placement options.

[ ] Yes [ ] No _____ Date:_____
(Parent/Caregiver initials)

SCHOOL INFORMATION

I give permission for ACTS to acquire academic information from my child's school and teacher as needed.

[ ] Yes [ ] No _____ Date:_____
(Parent/Caregiver initials)

IMAGE PUBLISHING

I give permission for ACTS to collect images/video of child for use on our website, newsletters and other publications.

[ ] Yes [ ] No _____ Date:_____
(Parent/Caregiver initials)

(Parent/Caregiver initials)

CLUB TIME

As part of the ACTS program, separate from tutoroing time, Club Time is designed to support social connections, build confidence and character, and provide a strong moral foundation through the stories and studies of the Bible. Opting out of Club Time will not affect your child's acceptance into the ACTS program, and care will be taken to provide alternate, productive activities. I give permission for my child to participate in Club Time.

[ ] Yes [ ] No _____ Date:_____
(Parent/Caregiver initials)

Tutoring locations:

Mondays
Brookings Elementary School, 433 Walnut St, 4:00-6:00pm
St. John's Congregational Church, 45 Hancock Street, 4:00-6:00pm

Tuesdays
Colonial Estates, One Beacon Circle, 4:00-6:00pm

Wednesdays
Christ Church Cathedral, 35 Chestnut St., 4:00-6:00pm
Evangelical Covenant Church, 915 Plumtree Road, 4:00-6:00 pm

I am most interested in the ACTS program at _____ [ ] Check if not sure/no preference.

Please **PRINT** name of Parent or Caregiver:

Name: _____ Date:_____

THANK YOU FOR YOUR INTEREST IN HAVING YOUR CHILD JOIN ACTS!