

Mounds View Indian Education Yellow Parachute Tutoring Registration Form

Student First Name _____

Student Last Name _____

Student DOB _____

Grade _____

School Attending _____

Homeroom teacher (K-5) _____

Address 1 _____

City and Zip Code _____

Parent/Guardian #1 Name: _____

Email _____

Phone _____

Parent/Guardian #2 Name: _____

Email _____

Phone _____

Student has a 504 plan or IEP: Yes No

Student receives Special Education Services: Yes No

Areas of concern(circle those that apply):

Math	Reading
Algebra 1	Comprehension
Algebra 2	Writing
Geometry	Study Skills
Calculus	Other
Trigonometry	

My child's learning style is:

Auditory (learns and retains information best by hearing)

Physical (learns and retains information best by doing)

Visual (learns and retains information best by seeing)

Academic History: Has your child had consistent difficulty with the noted "Area(s) of Concern" or is this something that has recently surfaced? _____

Is there anything else you would like us to know that will assist in your child's Yellow Parachute Learning Partner experience? _____

Goals: What do you hope to achieve through tutoring? _____

Does student attend YCare Before or After School(circle)? Yes No

Tutor days preferred(circle all days that would work): M T W TH F

Tutor times preferred(circle all times that would work): After school Evening Other:

Tutoring location preferred: Student's School Library Other(list):

Conditions of Tutoring:

Please arrive on time. Tutors will only wait 10-15 minutes after start time.

If you need to miss a session, you must provide notification to Yellow Parachute Learning Partners @ (952)-239-2375 and your tutor by 12:00 noon the day of the tutoring session. Credit will not be given for sessions cancelled after 12:00 PM the day of the session.

If cancellations become frequent, Yellow Parachute Learning and Indian Education reserves the right to terminate services or change the student's schedule. If you miss (no call/no show) two sessions, your student's tutoring services will be terminated.

I _____ understand and agree to the above conditions of tutoring.

Parent/Guardian Signature: _____

Date: _____