

## 2016-2017 MATH HOMEWORK HELP SESSIONS REGISTRATION

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone (during math sessions): \_\_\_\_\_

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

I give permission for my child to attend the Math Homework Help sessions, held at Van Wyck Junior High School, on one or more of the 2016-2017 session dates.

I understand that I am responsible for transporting my child to and from the help sessions.

I give permission for the help session organizers to reach me at the above numbers in an emergency, including the need to pick up my student.

I have discussed the following items with my child and we have agreed that he or she will:

- Let me know when he or she is planning to attend a session.
- Follow instructions from the adult volunteers in charge of the sessions.
- Stay in the assigned room at school after his or her homework is done, and while waiting to be picked up.

Signature of parent or guardian: \_\_\_\_\_

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