



**Parents Advocate Students Succeed
(PASS) Tutoring
Program
2017-2018**

PASS Tutoring Application Form

Please print and attach a copy of your child's most recent report card.

Student Name: _____ **Gender:** _____ **Entering Grade:** _____

DOB: ____ / ____ / ____

Primary language spoken at home with the student: _____

Other language spoken in the home: _____

Student Address: _____

Home Telephone: _____

Student lives with: Both parents Mother Only Father Only Guardian (Specify) _____

Brothers and/or Sisters: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Persons authorized to pick up student other than parents/guardian:

Name: _____ **Relationship:** _____ **Contact #:** _____

Name: _____ **Relationship:** _____ **Contact #:** _____

Father/Guardian Name: _____

Address: (if different from student) _____

Work Phone: _____ **Cell Phone:** _____

Education: _____ **Occupation:** _____

E-mail: _____

Mother/Guardian Name: _____

Address: (if different from student) _____

Work Phone: _____ **Cell Phone:** _____

Education: _____ **Occupation:** _____

E-mail: _____

HEALTH INFORMATION

Please Note: A participant who does not attend a Maryland or D.C. public or private school, Kindergarten through 12th grade must attach an age appropriate immunization record to this form (i.e., homeschoolers, out of state schools). Is this participant exempt from immunization for religious or medical reasons?

Yes ___ No ___

If yes, the Maryland Department of Health and Mental Hygiene Immunization Certificate must be completed and attached to this form.

Primary Care/Clinic Name: _____

Phone Number: _____

Health Insurance Co.: _____

Policy # _____ Phone Number: _____

Date of last tetanus or DPT shot (**required by state law**) Month/Year):

Please list all health related diagnoses with medications and dosage that apply to this participant:

Deaf or hard of hearing: Yes ___ No ___ Legally blind: Yes ___ No ___

Uses mobility aide (i.e. wheelchair, braces, etc.) Yes ___ No ___

Limits on participant's physical activities?

Yes ___ No ___

If yes, specify. _____

MEDICAL TREATMENT RELEASE

By way of copy of this form, I authorize the staff of Maryland Umbrella Group PASS Tutoring Program to obtain medical/hospital treatment for the above participant in the event of an emergency.

Physicians Name: _____

Physician Telephone Number: _____

Health Insurance Plan and Plan Identifications Number:

X _____

SIGNATURE OF PARENT/GUARDIAN

Date: _____

Print name of parent/guardian

PHOTO RELEASE/AUTHORIZATION

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants for use in The Maryland Umbrella Group publications and the website may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances.

X _____ Date: _____

SIGNATURE OF PARENT/GUARDIAN

Name of Current School and Location _____

Has the student been retained in any grade? No Yes

If yes, state grade: _____

Has the student been tested for learning disabilities? No Yes

Has the student had psychological testing? No Yes

Does the student have a 504 or IEP Plan in place? No Yes

If yes, please attach a copy.

Has student ever been suspended from school? No Yes

If yes, state reason:

Has the student ever been expelled or asked to leave school? No Yes

If yes, state reason:

Area of concern – Please express why you feel your child needs tutoring services? _____

Financial Requirement: All fees are non-refundable one weeks prior to the start of session unless a Doctors statement is provided. Staff is hired based on the enrollment numbers. Payments are due in advance and may be paid using Pay Pal for debit/credit or check payments, cash or money order must be delivered to 408 Addison Road, Seat Pleasant, MD 20743 attention: The Maryland Umbrella Group Inc. Money orders should be made payable to The Maryland Umbrella Group, Inc. If for some reason out of the control of MUG staff the tutoring site becomes unavailable an alternate venue will be made available as soon as possible. If another venue cannot be located a refund will be provided for all remaining classes that have not been provided during the contract. It is the responsibility of the family to notify the MUG office if the child will not attend tutoring sessions.

Missed Session. – Maryland Umbrella Group Staff must be notified by 12:00 noon of a cancellation to be eligible for a make-up day. If there is a documented emergency such as a car accident or an emergency room visit staff will work with the family to reschedule the missed session. Other situations will be considered on a case by case basis. _____ Initial

Registration and Testing fee

__ \$30.00

Geometry – minimum 2 hours per week

- __ Tuesday and Thursday 4-5 pm
- __ Tuesday and Thursday – 5-6:00 pm
- __ Tuesday and Thursday – 6-7:00 pm
- __ Saturdays 10-12 pm
- __ Saturdays 12:30-2:30 pm

\$25 per hour

Algebra 1- minimum 2 hours per week

- __ Tuesday and Thursday 4-5 pm
- __ Tuesday and Thursday – 5-6:00 pm
- __ Tuesday and Thursday – 6-7:00 pm
- __ Saturdays 10-12 pm
- __ Saturdays 12:30-2:30 pm

\$25 per hour

Pre – Algebra and Middle School Math- minimum 2 hours per week

- __ Tuesday and Thursday 4-5 pm
- __ Tuesday and Thursday – 5-6:00 pm
- __ Tuesday and Thursday – 6-7:00 pm
- __ Saturdays 10-12 pm
- __ Saturdays 12:30-2:30 pm

\$22 per hour

Elementary Language Arts/Reading – minimum 2 hours per week

- Tuesday and Thursday 4-5 pm
- Tuesday and Thursday - 5-6:00 pm
- Tuesday and Thursday – 6-7:00 pm
- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$22 per hour

Elementary Math – minimum 2 hours per week

- Tuesday and Thursday 4-5 pm
- Tuesday and Thursday - 5-6:00 pm
- Tuesday and Thursday – 6-7:00 pm
- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$22 per hour

Middle School Language Arts/Writing-minimum 2 hours per week

- Tuesday and Thursday 4-5 pm
- Tuesday and Thursday - 5-6:00 pm
- Tuesday and Thursday – 6-7:00 pm
- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$20 per hour

SATURDAY ONLY SESSIONS

Spanish (I-IV): minimum 2 hours per week

- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$30.00 per hour

Chemistry - minimum 2 hours per week

- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$35.00 per hour

Pre-Cal & Calculus -minimum 2 hrs. per week

- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$40.00 per hour

Biology-minimum 2 hrs. per week

- Saturdays 10-12 pm
- Saturdays 12:30-2:30 pm

\$30.00 per hour

Algebra 2 -minimum 2 hrs. per week

- ___ Saturdays 10-12 pm
- ___ Saturdays 12:30-2:30 pm

\$30.00 per hour

Physics-minimum 2 hrs. per week

- ___ Saturdays 10-12 pm
- ___ Saturdays 12:30-2:30 pm

\$40.00 per hour

Disclaimer: Please note if it is determined that your child requires MUG Executive Level Staff instruction due to results determined by placement tests, IEP, or 504 plans there will be an additional \$10 per hour fee assessed. Initial

Balance Due: _____

By signing this document I verify that I am aware of the Financial Requirements of the MUG PASS Tutoring including the refund policy.

Signature: _____ Date: _____

Please print name:

Address:

Phone: _____ Email: _____