

CALVERT HOUSE TUTORING PROGRAM 2016-2017 APPLICATION  
(available online, please email [calverthousetutoring1@gmail.com](mailto:calverthousetutoring1@gmail.com) for an online copy)

Please return this form by **Sunday, September 25, 2015** to:  
Calvert House Tutoring Program  
5735 S. University Ave.  
Chicago, IL 60637

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**Questions? Please e-mail [calverthousetutoring1@gmail.com](mailto:calverthousetutoring1@gmail.com)** or call Co-President Sarah Manhardt at 202-355-3667

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Student Name:

Age:

School:

Grade:

Name of Parent/Guardian (of student's primary residence):

Street Address:

City/State/Zip:

Cell Phone:

Home Phone:

Work Phone:

Email Address:

Have you participated in our program before? Yes\_\_\_ No\_\_\_

If so, please list their name:

Do you have any family members who were enrolled last year? Yes\_\_\_ No\_\_\_

If so, please list their name(s):

Do you have any family members who are applying for the program this year? Yes\_\_\_ No\_\_\_

If so, please list their name(s):

What is the student's strongest subject?

What is the student's weakest subject?

Please list any foreign language classes the student may take:

Please rank the tutoring sessions that best would fit the schedule of the student (“1” being the most convenient time, “4” being the least convenient. Please indicate any that you cannot attend with an “X”)

WED 4:30PM-6:00PM \_\_\_\_\_

THURS 4:30PM-6:00PM \_\_\_\_\_

SAT 10:00AM-11:30AM \_\_\_\_\_

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### **New ACT Tutoring Program**

CHT is offering a new ACT tutoring program for **juniors only**. It will be during the same times as the regular tutoring sessions, so there is no additional time commitment. We will be providing you with the Official ACT Prep Book for you to work through with your tutor. There will be a **\$25 deposit** if you are selected for the program, which will be returned when your student **signs up to take the ACT**.

We **highly recommend** that every junior signs up for this program, because our tutors have all excelled in standardized test taking, and can provide valuable insights for your student.

Please indicate if your high school junior is interested in this program \_\_\_\_\_

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Does the student have any food allergies? If so, please list them.

Does the student have any learning disabilities or special difficulties?

Does the student have any illnesses or health conditions we should be aware of?

Is the student on regular medication, and if so, what medication and how often? Will the student be required to take this medication during tutoring?

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To get better student/tutor pairings, we ask the students to briefly describe what they hope to do academically with their tutoring time. We have some tutors who are exceptionally qualified in certain areas, so this section can be very helpful.

Will the student be attending other tutoring programs this year?

If the student has participated in the program before, and either the student or parent/guardian would like to make a comment about the effectiveness of the program or to offer suggestions, please do so here. Your statement may be used in promotional materials. We’d love your feedback!

**(Please return this signed form with your Calvert House Tutoring Application)**  
**Calvert House Tutoring Program**

**CALVERT HOUSE TUTORING RULES:**

1. All participants must show respect and consideration for each other at all times.
  2. All participants must arrive on time, be prepared to learn, and have brought all necessary materials in order to complete their study plan. **If students have no homework during a particular week, they still must bring other materials to study.**
  3. Students are expected to bring study materials that will keep them occupied for the length of the tutoring session (90 minutes). If the student does not bring enough study materials, they may be sent home early.
  4. **It is the parent/guardian's responsibility to notify the tutoring coordinator at least 24 hours in advance if their student is unable to attend a session or intend to be late. This is out of consideration for the tutors who volunteer their time to the program.**
    - a. If a student is more than 20 minutes late for a tutoring session, they will be considered absent.
    - b. If a student is absent from their tutoring session three times without contacting the tutoring coordinator before the tutoring session begins, they will be expelled from the tutoring program until the following academic year.**
1. Parents/Guardians must pick their children up from tutoring *promptly* at the end of each session.
  1. Students must return all books they have borrowed to the Calvert House Library at the end of each session.
  1. All participants must respect Calvert House property and be considerate to the other students and groups who use Calvert House during tutoring sessions.
  1. It is the responsibility of the parent to be available for contact during each of the sessions in case of early dismissal or for emergency reasons.

Failing to comply with any of these rules may result in dismissal from the program. This will ensure respect of the **tutors who volunteer their time to make this program successful**. This will also help our program to accommodate other students needing tutoring services on the waiting list.

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I have read all of the above rules and agree to comply with them by enrolling in the Calvert House Tutoring Program for the school year.

\_\_\_\_\_  
Parent/ Guardian's Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
(Date)

**(PARTICIPANT COPY: please retain this information for your records)**

### **Calvert House Tutoring Program Mission Statement**

As undergraduate and graduate students at the University of Chicago, we, the volunteer coordinators and tutors of the Calvert House Tutoring Program, feel a responsibility to utilize our academic talents and privileges to improve the learning experience of grade school and high school students who need assistance with their education. Our learning environment at Calvert House allows our tutors to give their students one-on-one tutoring in a large group setting, which not only fosters productive tutoring sessions, but also establishes a sense of community. Since each student in our program is assigned to work with the same tutor each week, our program allows for lasting friendships between each tutor and student. In relationship with Calvert House, a ministry of the Archdiocese of Chicago, our tutoring program runs in accordance with the same requirements and expectations in place for all volunteers working with children and youth in the Archdiocese of Chicago.

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5. Guardians must pick their children up from tutoring *promptly* at the end of each session.
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**MEDICAL TREATMENT RELEASE FORM**

*To Whom It May Concern:*

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contract, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data: \_\_\_\_\_

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

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

Signed: \_\_\_\_\_

(Parent or Guardian)

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Calvert House Tutoring, its volunteers, or agents have the right to take photographs, videotape, or digital recordings of my child beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publicizing our program to the community, including as part of Calvert House materials. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Calvert House Tutoring, its agents, and volunteers all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback.

I also understand that Calvert House Tutoring is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_

Date: \_\_

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

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

Signature: \_\_\_\_\_