



## Student Application

### Lutheran Hope Center “Reader to Leaders” Program

Student Name:	Age:
Parent Name:	Grade:
Address:	Phone:
City/State/Zip:	<b>1<sup>st</sup> Emergency Contact Person:</b> <b>Name:</b> <b>Relationship:</b> <b>Phone Number:</b>
Email:	<b>2<sup>nd</sup> Contact Person</b> <b>Name:</b> <b>Relationship:</b> <b>Phone Number:</b>
	<b>3<sup>rd</sup> Contact Person</b> <b>Name:</b> <b>Relationship:</b> <b>Phone Number:</b>

I, \_\_\_\_\_ (Parent/Guardian) Give permission for (Student Name) \_\_\_\_\_ to participate in the Readers to Leaders Tutoring/ Mentoring After School Program. I agree to ensure that my child attend the scheduled tutoring sessions on \_\_\_\_\_ time. I agree to notify \_\_\_\_\_ (Pastor Micah Glenn and phone #) if they are unable to attend the scheduled tutoring sessions. I also agree that my child will be ready and waiting when the Church van/bus arrives and he/she will conduct him/herself in an orderly fashion if they ride the van/bus.

Please check subject area(s) in which your child needs tutoring:

Math  Reading  Spelling  Writing

Tutoring is held: \_\_\_\_\_ (include day/s and time)

Supper will be served: \_\_\_\_\_ (include time)

Bible Study, life lesson and singing will be held: \_\_\_\_\_ (include time)

Does your child have allergies?

If yes please list type of allergy/allergies

**\*\*\*We will contact you to determine what to do in case of a non life threatening allergy.**

The Lutheran Hope Center – Ferguson  
Community Empowerment Center of Ferguson  
9420 West Florissant Ave  
Ferguson, MO 63136