

**ACTION CENTERED TUTORING SERVICES**

35 Chestnut Street, Springfield, MA 01103 • 413-731-9810 • [acts1986@gmail.com](mailto:acts1986@gmail.com)

**Student Application 2021-2022**

**Personal Information (please print):**

Student's Name: \_\_\_\_\_ Sex: M F  
(Last) (First) (Middle) (Circle one.)

Address: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Street) (ZIP)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Did your child participate in ACTS last year? Yes No Do you have a car or reliable access to a car? Yes No  
(Circle one.) (Circle one.)

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

Cell phone: \_\_\_\_\_ Text? Yes No Home or work phone: \_\_\_\_\_  
(Circle one.)

**Emergency/Medical Information:**

Person other than parent to contact in an emergency: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Text? Yes No Home or work phone: \_\_\_\_\_  
(Circle one.)

Does your child have a hearing or speech problem? Yes No If yes, please describe: \_\_\_\_\_  
(Circle one.)

Does your child have any allergies (for example, insect bites, food allergies, etc). Yes No If Yes, please describe:  
(Circle one.)

If your child uses an inhaler please bring a form from your child's doctor.

Insurance coverage: \_\_\_\_\_ / \_\_\_\_\_  
(Carrier) (Number)

Please list any individuals (other than yourself) to whom your child may be released:

Please list any individuals to whom your child may NOT be released:

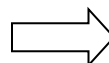
**Educational Information:**

What academic help does your child need? \_\_\_\_\_

I understand that a personal interview may be conducted with me prior to the placement of my child in the ACTS program. I give my permission for my child to receive academic tutoring and mentoring in the ACTS tutoring program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent or Guardian)

**PLEASE TURN OVER**



Action Centered Tutoring Services  
**PARENT/GUARDIAN PERMISSIONS**

Dear Parent or Guardian,

ACTS needs your permission for several kinds of information and activities to enable your child to get the full benefit of the program, and for safety reasons. ***Please initial each release to which you give permission.***

**SCHOOL INFORMATION**

I understand that in order to better address my child's academic needs, ACTS needs information from his/her school or teacher. I give permission for ACTS to acquire academic information from my child's school and teacher as needed.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian initials)

**CLUB TIME**

I understand that ACTS conducts a Club Time, separate from academic tutoring time, which includes Bible lessons and instruction in Christian values. I give permission for my child to participate in the Club Time activities.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian initials)

**PHOTO PUBLISHING**

I give permission for ACTS to photograph or videotape my child and to use such a photo or video in the ACTS web site, newsletter and other publications, and to release to the local news media.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian initials)

**EMERGENCY TRANSPORTATION**

I give permission for ACTS to transport my child in the event of medical needs, an unforeseen family circumstance, or other emergency. Otherwise, I understand I am responsible for getting my child to and from the program.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian initials)

**TUTORING LOCATIONS**

ACTS has tutoring programs at several locations around Springfield:

**Mondays**

Evangelical Covenant Church, 915 Plumtree Rd, 4:00-6:00 pm  
JC Williams Community Center, 116 Florence St., 4:00-6:00 pm

**Tuesdays**

Bethesda Lutheran Church, 455 Island Pond Rd., 4:00-6:00 pm  
Orchard Covenant Church, 95 Berkshire St., 4:00-6:00 pm

**Wednesdays**

Christ Church Cathedral, 35 Chestnut St., 4:00 - 6:00 pm

**Thursdays**

St. Andrew's Church, Longmeadow., 4:00 - 6:00 pm  
(Primarily serving children of Sumner Avenue School.)

I am interested in the ACTS program at \_\_\_\_\_ [ ] Check if not sure/no preference.

Please **PRINT** name of Parent or Guardian:

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