



## The Launch Pad Tutoring Registration

Teen Participant's Full Name: \_\_\_\_\_

Preferred Name: (if different from above) \_\_\_\_\_

Pronouns used: (she/her, he/him or they them, etc.)

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardians names: \_\_\_\_\_

Parents/Guardians phone numbers: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

### *Teen:*

What areas or subjects do you need tutoring assistance?

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How often would you like to meet with your tutor? \_\_\_\_\_

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What days of the week work best:

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### *Parent:*

What are your expectations of the tutoring program?

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Is there any information you would like to share with TLP Staff to help us better serve you to the best of our ability? \_\_\_\_\_

The following questions are used for grant writing purposes only.

Gender:

- Female
- Male
- Transgender
- Non-binary/gender queer/agender
- Non-conforming
- Other

Is your teen dealing with depression, anxiety, or other mental health issues? Yes/No

If yes, is your teen seeing a mental health professional? Yes/No

Does your teen have a disability?

- Mental/IEP
- Emotional
- Chronic Health Condition
- Physical
- None identified at this time

Does your teen/family need support in gaining access to resources for any of the following?

- Housing
- Food
- Clothing
- Safety
- Education
- Medical Services
- Mental Health Services
- Academic Tutoring
- None of the above

Does your family qualify for free or reduced lunch? Yes/No

Ethnicity

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Middle Eastern
- Mixed Race/Ethnicity
- Race/ethnicity unknown
- Other

To the best of your ability, what is your family income range?

- \$0-\$24,999
- \$25,000-\$45,000
- \$45,000-\$55,000
- \$55,000-\$75,000
- \$75,000 +
- Unsure

**Authorization of Consent:**

(We), the undersigned parent(s)/guardian(s) do hereby authorize The Launch Pad staff to administer first aid as deemed necessary and/or to call emergency services in the event of an injury to my child. I, the undersigned am the parent/guardian of the individual(s) named below and shall hold harmless The Launch Pad and all its representatives, against any and all liability. I understand that The Launch Pad staff will provide to me a detailed, written explanation of any injury and the care that was provided if requested.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

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

**Photographic Release:**

I hereby give my consent to The Launch Pad, or persons operating on its behalf, the unqualified right and permission to take photographs, slides, video or motion pictures of my child(ren) for the purpose of reproductions, publication and illustration in all forms of advertising and publicity media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Shuttle Service**

I/we understand that if a user of The Launch Pad shuttle service chooses not to abide by the rules and guidelines of The Launch Pad polices, they may lose access to the free shuttle service. The Launch Pad policy forbids negligent behavior, the use of illegal substances, violence, dishonesty, or disrespect to staff and participants. I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, The Launch Pad, and its directors and volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of The Launch Pad, as well as of any medical treatment authorized by the supervising individuals representing The Launch Pad. This consent and authorization is effective only when participating in or traveling to events or when using after school shuttle service sponsored by The Launch Pad.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please review the following with your teen participant:

**The Launch Pad Ground Rules:**

- 1) Confidentiality of all members must be respected.
- 2) Weapons and firearms are not allowed.
- 3) Smoking and chewing tobacco or snuff is prohibited. The use of Vapes, Jewels, and E Cigarettes is prohibited. The possession of or use of drugs or alcohol, or the behavior associated with the possession or influence of drugs and alcohol are not allowed.
- 4) Theft, Destruction, Defacement of TLP property or property of another youth is not permitted.
- 5) Respect yourself, your body and others. Degrading racial, religious, ethnic, sexist, homophobic, or other derogatory remarks are not welcome here.
- 6) Harassment, intimidation or engaging in behaviors that causes another youth or adult to feel unsafe will not be tolerated.
- 7) Violence of any kind is unacceptable, including violence you inflict on yourself, such as any type of bodily harm. Loud arguments, threats, harassment, and physical aggression are not allowed.
- 8) No pornographic or sexually explicit material or chat rooms can be viewed on any computer using the TLP network.
- 9) The authority of volunteers, facilitators, staff and board members must ALWAYS be respected.
- 10) Swearing is not allowed inside or outside of TLP at any time.
- 11) Gossiping or talking disrespectfully about someone who is not present is not allowed. Remember to speak for yourself—not for others.
- 12) No exclusive relationships.
- 13) Noise must remain at a level that is comfortable for everyone including conversations and debates.

Signature of Teen: \_\_\_\_\_

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