



Saturday Morning Tutorial Program
Creating Learning for Success

STUDENT REGISTRATION FORM

Returning Student? _____ Yes _____ No

NAME	
D.O.B. DD/MM/YYYY	
AGE/	
SCHOOL	
GRADE	
PARENT(S) / GUARDIAN	
E-MAIL	
TELEPHONE #	
CELL #	
ADDRESS [Apt#, #Street, City, Postal Code]	
EMERGENCY CONTACT:	
RELATIONSHIP / TELEPHONE	
Relative in the program? Please give the name	

Child's Name: _____

Name of Doctor:	
Telephone:	
Health Card Number:	
Please list any medical conditions that we should be aware of: [e.g. Allergies, Asthma, Diabetes, etc.]	

INTERESTS AND SPECIAL SKILLS

Please list your child's interests and hobbies

I verify that all of the information provided above is true and correct.

Parent's Signature: _____ **Date:** _____

REGISTRATION PAYMENT RECEIVED: FULL YEAR **[\$50]** PARTIAL PAYMENT: _____

RECEIVED BY: _____ DATE: _____

Child's Name: _____

Please indicate the area (subject) of focus for your child at SMTP:

	READING
	WRITING
	MATHEMATICS
	SPELLING BEE
	ROBOTICS
	PUBLIC SPEAKING
	CORE FRENCH
	S.T.E.M.
	COMPUTER SKILLS
	FINANCIAL LITERACY
	OTHER (Please specify):



Jamaican**Canadian**Association

SMTP PARENT AND STUDENT PARTICIPATION AGREEMENT

- This PROGRAM belongs to YOU and its success rests largely with YOU – the student and parents
- Enter into the program with ENTHUSIASM
- All students must abide by the Student Code of Conduct
- Students arrive by 9:30 a.m. and must be picked up by 1:00 p.m.
- If you are participating in the ROBOTICS PROGRAM, be picked up by 2:00 p.m.
- Students must be prepared to participate in the tutoring program by bringing school assignments (if applicable), writing implements such as pens, pencils, pencil sharpeners, erasers, note books
- Complete your weekly SMTP GOALS/ACTIVITY sheet
- Be PATIENT with other participants
- Nutritious snack will be provided. However, if a student requires special diet or has allergies to certain foods, they should bring their own snacks --- keep in mind there may be some students who food allergies such as to nuts. As a courtesy, please avoid bringing snacks that contain nuts.
- Parents should speak with the Coordinator regarding any issues the child may have at school or at home, or any exceptionalities the child may be dealing with (e.g. IEP, LD, Behavioural, other challenges or milestones, etc.)
- Have FUN!!!

Child's Name: _____