  

**TOWN OF CAPITOL HEIGHTS**

**VIRTUAL TUTORING PLACE**

**December 2020 – May 2021**

**Registration Form**

# Please Print

Name of adult registering child(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This program is for students in grades K-5. How can we help your child?** Put a check beside the area(s) of need. Write the skills on the line.

[ ] Language Arts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Math \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Assignment Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Social-Emotional Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_
2. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_

***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****The Town of Capitol Heights, Kingdom Citizens Youth Empowerment, Inc. (KCYE, Inc.), and Greater Beulah Community Development Center, Inc. (GBCDC, Inc.) are collaborating to provide FREE virtual tutoring services on designated Tuesdays and Thursdays via Zoom.

If you’d like your child(ren) to participate, put a check beside the statements below. Send completed registration forms to chvtplace@gmail.com.

**PERMISSION**

[ ] I/we grant permission for my child(ren) to participate in the virtual sessions:

December 2020 – May 2021.

**MEDIA RELEASE**

[ ] I/we grant permission for my child(ren)’s name, comments, and photographic likeness to be used by program representatives or photographers for the purposes of accountability, documentation, and publicity.

***For more information, visit*** [***http://chvtplace.kcyeinc.org***](http://chvtplace.kcyeinc.org) ***, send an email to*** [***chvtplace@gmail.com***](mailto:chvtplace@gmail.com) ***, or call 202-716-5203.***