

BRIDGING THE GAP LEARNING CENTER

Working Together To Provide A Positive Pathway To Learning

INFORMATION SHEET

*Please complete an Information Sheet for **each** child attending the program.

CHILD'S FULL NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL _____ GRADE _____

SUBJECT _____ TEACHER _____

PARENT/GUARDIAN'S NAME	HOME PHONE	WORK PHONE	PAGER/CELL PHONE	E-MAIL

Only the person(s) listed below will be allowed to pick up your child and assume temporary care of your child if you can not be reached.

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

MEDICAL HISTORY

Allergies _____

Allergies (medications) _____

Chronic illnesses _____

Hospitalization in the past year _____

Illnesses in the past year _____

Injuries in the last year (broken bones, sprains, etc.) _____

Medical conditions (ADHD, glasses, prosthetics) _____

Medications taken daily _____

Physician's Name _____

Physician's Phone Number _____

Physician's Address _____

In case of accident or illness, I request the learning center to contact me. If the learning center is unable to reach me, I authorize the learning center to call the doctor's office indicated below and follow his/her instructions. If it is impossible to reach this physician, I give Bridging The Gap Learning Center permission to take my child/children to the emergency room where I (parent/guardian) will be responsible for all expenses incurred.

Type of Insurance _____

Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Parent's/Guardian's Signature

Date

Parent's/Guardian's Name (please print)

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STUDENT EVALUATION

Date _____

Parent's/Guardian's Name _____

Child's Name _____

1. Where would you like your child to be academically?

_____ At grade level _____ Slightly above grade level

_____ Considerably above grade level

2. How would you describe your child's attitude towards school?

___ Negative

___ Neutral

___ Positive

3. Have you noticed any changes in grades and/or behavior in your child?

Yes _____ No _____ If yes, please explain.

4. Please check items of importance to you.

___ Improve Reading

___ Improve Math Computation

___ Improve Independence with Homework

___ Improve Grades

___ Improve Comprehension Skills

___ Improve Study Skills

___ Improve Writing

___ Improve Self-Confidence

___ Improve Self-Discipline

___ Improve Test-Taking Strategies

5. What is the most important thing that you would like to see accomplished with Bridging The Gap Learning Center?

6. When were you hoping to complete your goals with Bridging The Gap Learning Center?

7. Please check the following:

	Excellent	Above Average	Average	Below Average	Poor
Past Grades					
Current Grades					
Study Skills					
Reading Skills					
Math Skills					
Writing/Grammar Skills					
Relationship with teachers					
Self-Confidence					
Behavior at school					
Attention in school					
Completing Classwork					
Completing Homework					

8. Bridging The Gap Learning Center instruction is Monday through Friday, as well as the weekends. What days would your child **not** be able to attend?

9. Does your child participate in any after school extracurricular activities?

Yes___ No___ If yes, please list activities.

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RELEASE OF LIABILITY

I (parent/guardian) do hereby waive any/all liabilities that Bridging The Gap Learning Center, its staff, or representatives may incur as a result of any injury, which may occur to myself or my child while engaged in any programs sponsored by Bridging The Gap Learning Center.

If I (parent/guardian) and/or my child/children participate in any activity which involves transportation with Bridging The Gap Learning Center Staff. I (parent/guardian) hold Bridging The Gap Learning Center and its staff harmless in case of accident or injury.

NAME(S) OF PARTICIPATING CHILD/CHILDREN

RELATIONSHIP TO CHILD/CHILDREN

PARENT'S/GUARDIAN'S SIGNATURE

PARENT'S/GUARDIAN'S NAME (please print)

DATE

BRIDGING THE GAP LEARNING CENTER

PRINTED NAME & POSITION

DATE

This form should kept on file at your child (or) children's school.

