

Helping Hand Learning Program Student Application

Personal Information

First Name Middle Name Last Name

Parent(s)/Guardian:

Email Address _____

Current Address: City State Zip Code: _____

Cell Phone # _____ Home # _____ Work # _____

In case of an emergency, contact _____ Tel # _____

Child's Gender: Male _____ Female _____

Date of Birth: _____

Current school child is attending: _____

Name

City

Child's current grade level: _____

Subject matter would your child to work on:

Reading _____ Math _____ English _____ All areas _____

As a parent/guardian in the Helping Hand Learning Program, I agreed to:

1. Be responsible for the dropping off and picking up of my child at designated time.
2. Read with child everyday.
3. Convey to the child in a positive way the importance of education
4. Assist and encourage child with their assignments
5. Attend parent meetings

Signature of Parent/Guardian:

Printed Name

Signature

Please send off your application and additional material to:

lifesourcecenter@aol.com or to Life Source Center, 710 Main Street, Plantsville, CT 06479