homework help & hoops

HHH Afterschool Tutoring - Registration Form: 2026-2027 School Year

PLEASE PRINT CLEARLY!

I give my child, *(first name)* _____ *(last name)* _____, preferred pronouns *(he/she/they)* _____, a student in the _____ grade at _____ School, permission to participate in St. John United Church of Christ's Homework Help & Hoops (HHH) tutoring program.

My child's teacher is *(name)*_____. ***(Save attached letter for dates and times.)***

Please circle the best T-shirt size for your child. Youth Size: S M L OR Adult Size: S M L

Parent / Legal Guardian's E-mail Address (required) _____

Please circle the days and times your child is interested in attending. *Your student will benefit most by attending on Tuesday PLUS one hour on Wednesday OR Thursday. Spots are limited and will be assigned based on availability.*

TUESDAY +	WEDNESDAY OR	THURSDAY
3:00 – 5:00 pm / 1st – 4th Grade *(1 hour enrichment + 1 hour tutoring)*	**3:00 – 4:00 pm / 1st – 4th Grade** *(40 mins tutoring + 20 reading center)*	**3:00 – 4:00 pm / 1st – 4th Grade** *(40 mins tutoring + 20 reading center)*
4:00 – 5:00 pm / 5th & 6th Grade *(20 mins open gym + 40 mins tutoring)*	**4:00 – 5:00 pm / 1st - 6th Grade** *(40 mins tutoring + 20 reading center)*	**4:00 – 5:00 pm / 1st - 6th Grade** *(40 mins tutoring + 20 reading center)*

PICK-UP POLICY: A responsible adult must come into the Faith Hall Lobby to sign-out your child on time every day. *Failure to pick up your child on time may result in your child's immediate release from the program. Only the people you indicate below will be allowed to sign-out and pick-up your child with a valid ID.* *(Please include yourself on this list!)*

NAME	PHONE NUMBER

I acknowledge understanding and give permission for the following by signing below:

I understand that I must provide transportation for my child to and from St. John UCC.
I understand my child must have appropriate behavior to participate in the HHH program.
I understand that my child should attend regularly and bring their backpack/homework every time.
I give permission for my child's picture to be taken and used appropriately to advertise/promote the program.
I hereby consent for my child to attend and participate in all activities provided by this program.
I give permission for Unit #10 to release test scores, grades, and other measurable data to HHH Staff for grants.

Parent / Legal Guardian's Name **(Please Print!)**	Parent / Legal Guardian's Signature
Address	City State Zip
Parent / Legal Guardian's Cell Phone Number	Home Phone Number

TURN OVER

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Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____, am the parent or legal guardian of
(Name of Parent or Legal Guardian)

_____. In case of an emergency, I can be reached at
(Name of Minor)

_____. In the event that I cannot be reached, you have my
(Phone Number)

permission to seek necessary emergency medical treatment. I agree to pay for all charges for any necessary dental, medical, or hospital care or treatment.

(Please write "None" or "N/A" if not applicable. Do not leave any blank lines.)

List any known allergies your child has: _____

My child has the following medical condition(s) _____that requires them to be excluded from the following activities: _____.

My child is taking the following medicine(s): _____

You should know this about my child: _____

My child would most benefit from assistance with (reading, math, etc): _____

Please provide two emergency contacts:

_____

Name Relationship Phone Number

_____

Name Relationship Phone Number

_____ _____

(Signature of Parent or Legal Guardian) (Date)

Return to the HHH program director at St. John UCC, 307 W. Clay, Collinsville, IL 62234. The Church Office is open Monday-Thursday 9:30 A.M. - 3:30 P.M. or send by email to hhh@st.johnucc-collinsville.org

Do not send this form to the school!

TURN OVER