

9/10/2016

First Baptist Church of Yanceyville

Dear Parent(s) or Guardian of potential Church-Based Tutorial Program student,

First Baptist Church of Yanceyville, in partnership with County Outreach Ministry, Gunn Memorial Public Library, and Purley/New Hope UMC, is excited to provide the community with a free Church-Based Tutorial Program for elementary (K-5) students.

This proven program consistently helps students succeed academically and socially, with improved grades, a 100% promotion rate, and 80% of teachers noticing better classroom conduct.

Tutoring will take place every Wednesday from 4-6 pm at First Baptist Church of Yanceyville, 378 W. Church St., Yanceyville, NC 27379.

Interest is high, but enrollment is limited. We are asking for a parent, responsible grandparent, or legal guardian, to sign the attached a Covenant Agreement (attached). You can turn in the signed Agreement to the Gunn Memorial Library, or mail it to the address listed below. It will be matched and reviewed along with your student's application for church-based tutoring.

God bless!

Rev. Britt Groom (336) 694-3943

Pastor of FBCY and Church-Based Tutorial Program Coordinator

Mailing: 846 Main St., Yanceyville, NC 27379

# PARENTAL COVENANT AGREEMENT

FIRST BAPTIST CHURCH OF YANCEYVILLE'S CHURCH-BASED TUTORIAL PROGRAM

In partnership with County Outreach Ministry, Gunn Memorial Library, and Purley/New Hope UMC

Dear Parent(s), Grandparent(s), or Legal Guardian,

In many ways, we enroll families, not just students in FBCY's Tutorial Program. Families play an essential role in every child's education, and no educational program can succeed unless parents are also committed to it. Therefore, we believe it is helpful to ask for a signed "covenant" agreement, to confirm your partnership with us in seeing your child succeed academically.

"I \_\_\_\_\_, the parent, responsible grandparent, or legal guardian of \_\_\_\_\_, agree to maintain contact with my child's assigned tutor. I understand that informal communications between parent and tutor are welcome and helpful to all involved. However, if for some reason my child's tutor needs to conference with me, I will do my best to make myself available. I agree to work with my child's tutor to help solve any disciplinary issues that might arise. I understand that if my child should miss three successive tutoring sessions, they will be dropped from the Tutorial Program to make room for another student. I will ensure that my child arrives on time for tutoring, whether that be the usual time of 4:00 pm, or the time worked out with my child's assigned tutor. I understand that habitual tardiness may also lead to my child being dropped from the Tutorial Program. I agree to pick up my child on time. I understand that snacks will be provided for my child. I agree to list any food allergies here:

\_\_\_\_\_. I agree to encourage my child to take his/her learning seriously, give their tutor their full attention, and use their time wisely during times of independent enrichment learning. I understand that my child's tutor is a volunteer, who has agreed to help because they care!"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(parent, responsible grandparent, or legal guardian)



**DANVILLE CHURCH-BASED AFTER SCHOOL TUTORIAL PROGRAM  
REGISTRATION**

Dear Parents,

The churches throughout the city and county are sponsoring a tutorial program. Program offerings include math, reading, writing, and mentoring to build self-esteem and develop conflict resolution skills. This service is free to all children.

**PLEASE PRINT!**

Student's Legal Name \_\_\_\_\_  
Last Name
First Name
Middle Name

Home Address \_\_\_\_\_  
Street Address
City
Zip Code

Home Phone \_\_\_\_\_

Circle:  Male or  Female      Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_  
Month
Day
Year

Present School Student is Attending \_\_\_\_\_

Student lives with \_\_\_\_\_  
Name of Guardian

Parent's/Guardian's Marital Status: Circle: Married    Separated    Single    Divorced    Widowed

	MOTHER'S INFORMATION	FATHER'S INFORMATION
NAME		
HOME ADDRESS		
EMPLOYER'S NAME & ADDRESS		
HOME & WORK PHONE NUMBER	(H) (W)	(H) (W)

In case of emergency, if parents cannot be reached, please call:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Name of Doctor \_\_\_\_\_ Office Phone Number \_\_\_\_\_  
 Office Address \_\_\_\_\_

- Yes, I want my child to attend the Danville Church-Based Tutorial Program and I voluntarily release my child's academic grades from the school system to the DCBTP to enhance the scholastic development of my child.
- I understand that this is not a requirement for my child to participate in the program.
- I give my permission to take pictures for advertisement of the DCBTP activities (ex. Newspaper, websites, etc.)

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DANVILLE CHURCH-BASED TUTORIAL PHOTO RELEASE FORM**

---

498 Arnett Blvd. Danville, Va. 24540

*As a participant in the Danville Church-Based Tutorial Program, I \_\_\_\_\_, (parent/guardian) give my permission for photographs taken of my child \_\_\_\_\_ (student) in connection with any Church- Based Tutorial activity.*

*I give permission for such photographs to be used for any lawful purpose, including for example such purposes as publicity, illustration, advertising, newspaper articles and web content, ect.*

*I have read and understand the above:*

*Signature, parent or guardian \_\_\_\_\_*

*(if under age 18)*

*Printed name \_\_\_\_\_*

*Address \_\_\_\_\_*

*Date \_\_\_\_\_*

*Kenneth Lewis  
Executive Director  
(434)799-6400/(434)710-6100*