

Maple House Enrollment form

Child Name: _____ DOB _____

Child Age: _____ Child grade: _____

Reason for tutoring: _____

Allergies/Illnesses: _____

Guardian Name 1 (and phone#) _____

Guardian Name 2 (and phone#) _____

Emergency contact name/# _____

Are you willing to help provide snacks/beverages on occasion? (Circle one) YES NO

Are you willing to help chaperone tutoring times and/or events if needed? (Circle one) YES NO

I, _____, the guardian of the child, _____, authorize
The Maple House and its affiliates and volunteers to take pictures or videos of the above child
and use them for social media, informational videos, or any other legal purpose.

Signature: _____ Date: _____