



## RPI TUTOR TIME!

Free Tutoring in Reading, Math and  
other subjects for  
Students in Grades K-12

Have Fun! - Get Help! - Learn! - Get Ahead!  
RPI students work with kids—one-on-one!  
Just bring your school books & worksheets each week!

### WHEN & WHERE:

Lansingburgh Library—114th and 4th, Troy, NY  
Saturdays—September 16, 2017—May 5, 2018  
(Except RPI & School Holidays as posted)  
50 minute appointments begin each hour, 10 a.m. to 2 p.m.

### NEXT STEPS FOR PARENTS:

1. Complete the registration form on the right.
2. Cut the registration form on the dotted line and return it to your child's homeroom teacher so that your child's school can fax the form to RPI
3. Pin-up the information on this side on your refrigerator for future use.
4. RPI Tutor Time will call you to set up your child's first appointment as soon as we receive your form.
5. Bring your child to Tutor Time weekly!

### NEED MORE INFORMATION?

Web site: <http://doso.rpi.edu/precollege>  
(click on Tutor Time)

Call: 518-276-3098  
Fax: 518-276-8194  
E-Mail: [smithc@rpi.edu](mailto:smithc@rpi.edu)



## RPI Tutor Time Registration 2017-2018 Lansingburgh Library Program

### STUDENT INFORMATION

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent /Guardian Phone Numbers:

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Subjects: Math \_\_; Reading \_\_; List others \_\_\_\_\_

### IN CASE OF EMERGENCY

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List all medications taken regularly: \_\_\_\_\_

List all medical conditions we should be aware of:  
\_\_\_\_\_

I give my permission to Tutor Time staff to consent to medical treatment/  
healthcare services without limitation, on behalf of my child/our child/children  
in my/our stead as may be deemed necessary, proper or prudent in the discre-  
tion of said agent, employee and/or chaperone.

Insurance Provider: \_\_\_\_\_ ID # \_\_\_\_\_

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