

Caribbean Community Association, Inc.
Mathematics Tutorial Program Phase ____

Date: _____

Application Form

Name of Student: _____

Social Security No.: ____/____/____ Date of Birth _____

Address _____

City _____ State _____ Zip: _____

Telephone # : (____) _____ Sex: ____ Race: _____

Name of School: _____

Address: _____

Telephone # : (____) _____ Present Grade: _____

Of the three areas listed below, please check "√" which areas you need help in:

Arithmetic _____ Algebra _____ Geometry _____

Name of Parent/ Guardian: _____

Address: _____

Telephone # : Home - _____ Work - _____

In Case of an Emergency, Contact:

Name: _____ Telephone # : _____

Address: _____

Relationship to Student: _____

Signature of Parent/ Guardian: _____

Signature of Student: _____

If the student has any medical problems which the Program Manager needs to know of, briefly describe below.

Signature of Parent/ Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Waiver of Liability
(Read Carefully Before Signing)

As the undersigned, I hereby agree that for the sole consideration of the Caribbean Community Association, Inc. allowing my son/daughter to participate in the Mathematics Tutorial Program, I hereby release and forever discharge the Caribbean Community Association, Inc. , its members individually and its tutors, of any and from all claims, demands, rights and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from the participation of my son/daughter in or in any way connected with such activities of the Mathematics Tutorial Mathematics Program.

Signature of Parent/ Guardian: _____