

GREATER M POWER TUTORING



DISTANCE LEARNERS PROGRAM
APPLICATION
2020-2021

4325 Atlanta Hwy #14
Loganville, GA 30052
<https://gmptutoring.com/distance-learners/>
678.920.0507

Application Form

STUDENT INFORMATION		
Child 1 Name <i>(Last, First, M.I.):</i>	Gender: M F	
DOB:	Age:	Grade:
Which day(s) will the child attend? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Fill in the school's scheduled hours: <input type="checkbox"/> Elementary School (_____ am – _____ pm) <input type="checkbox"/> Middle School (_____ am – _____ pm) <input type="checkbox"/> High School (_____ am – _____ pm) <input type="checkbox"/> Extended Care: ___Early Drop Off ___Late Pick Up	
Distance Learning program details such as name of school, curriculum, teacher, pertinent passwords, etc.:		
Child 2 Name <i>(Last, First, M.I.):</i>	Gender: M F	
DOB:	Age:	Grade:
Which day(s) will the child attend? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Fill in the school's scheduled hours: <input type="checkbox"/> Elementary School (_____ am – _____ pm) <input type="checkbox"/> Middle School (_____ am – _____ pm) <input type="checkbox"/> High School (_____ am – _____ pm) <input type="checkbox"/> Extended Care: ___Early Drop Off ___Late Pick Up	
Distance Learning program details such as name of school, curriculum, teacher, pertinent passwords, etc.:		
Child 3 Name <i>(Last, First, M.I.):</i>	Gender: M F	
DOB:	Age:	Grade:
Which day(s) will the child attend? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Fill in the school's scheduled hours: <input type="checkbox"/> Elementary School (_____ am – _____ pm) <input type="checkbox"/> Middle School (_____ am – _____ pm) <input type="checkbox"/> High School (_____ am – _____ pm) <input type="checkbox"/> Extended Care: ___Early Drop Off ___Late Pick Up	
Distance Learning program details such as name of school, curriculum, teacher, pertinent passwords, etc.:		

Primary Parent/Guardian Contact Information		
Name:		Relationship:
Address:		
City, State, Zip:		
Home/Cell Phone:		Work Phone:
E-mail address:		
Employer (name and address):		
Parent/Guardian Contact Information		
Name:		Relationship:
Address:		
City, State, Zip:		
Home/Cell Phone:		Work Phone:
E-mail address:		
Employer (name and address):		
Additional Contacts A copy of a current government issued photo ID will be placed on file for everyone listed below.		
<u>Drop-off/Release Contacts</u>		
Name & Relationship	Address/City/State/Zip	Telephone number
<input type="checkbox"/> Check if this person is also an emergency contact.		
<input type="checkbox"/> Check if this person is also an emergency contact.		
<u>Emergency Contacts</u> (other than parents if there are not two listed above)		
Name & Relationship	Address/City/State/Zip	Telephone Number

Emergency Medical Authorization

Should _____ suffer an injury or illness while at the Greater M Power Tutoring (GMPT) facility and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in the telephone numbers, etc. where I (we) can be reached. The facility agrees to keep me (us) informed of any incidents requiring professional medical attention involving my (our) child.

Unless otherwise informed by the parents and/or legal guardians, your child will be taken to Reddy Urgent Care, 4072 Atlanta Hwy, Loganville, GA 30052 if a medical emergency occurs which requires professional medical attention.

Child's primary source of healthcare is:

Name of Physician/Clinic/Hospital	Telephone
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Known medical conditions (i.e. diabetic, asthmatic, any allergies):

Known medications to which child is allergic (i.e. codeine, penicillin etc.):

Special instructions for medications currently taking or prescribed:

Parent/Guardian Signature	Date
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Phone Numbers:
(w) _____
(c) _____

Recommendation Form

Name of child: _____

Your name: _____

Relationship to child: _____

Your telephone number or e-mail address: _____

How many years have you known this child? _____

Please assess the child's level of:					
	Below age level		At age level		Above age level
Maturity	1	2	3	4	5
Emotional stability	1	2	3	4	5
Discipline/focus	1	2	3	4	5
Leadership style	<ul style="list-style-type: none"> • Leader • Follower • "Follows the beat of his/her own drum" • Other: _____ 				

Overall, how strongly would you recommend this child for The Distance Learners' Program?					
Not at all					Highly
0	1	2	3	4	5

Additional Comments:

Print Name

Signature Date

Please return **three** copies of this form with your application.
 One **must** be completed by a parent or guardian, the other two must be completed by non-family members.

Parental Agreements with Greater mPower Tutoring, llc

Initial each statement and sign at the bottom.

	1. I (we) understand that Greater M Power Tutoring, llc seeks to provide a positive, Christian atmosphere and will incorporate prayer, worship, and Bible study into its daily routine. My (our) child(ren) is not obligated to participate but must be respectful during these times.
	2. I (we) understand that Greater M Power Tutoring, llc is providing a service for distance learners, and is not a school. This service is not required to be licensed by Georgia's Department of Early Care and Learning Bright from the Start. We do carry liability insurance.
	3. I (we) understand that children with disabilities are welcome given the proper staff is available to render care.
	4. Should my (our) child(ren) be repetitively disrespectful, uncooperative, or disruptive they may be denied the privilege of this service. There will be no reimbursement, of any kind, should my (our) child(ren) be expelled under these circumstances.
	5. I (we) understand that I (we) am free to unenroll my (our) child(ren) at any time and that after discontinuing it becomes my (our) responsibility to ensure that my (our) child(ren) completes their classwork. However, a weeks' notice must be given, with all applicable fees paid regardless of whether my (our) child(ren) is in attendance. Any remaining balance with Greater M Power Tutoring, llc is due by the last day that my (our) child is in attendance and any credit on my (our) account will then be refunded.
	6. Greater M Power Tutoring, llc agrees to supply supervision, support, and structure during the days and times indicated on page one of the application. My (our) child may be dropped off as early as 15 minutes before the first scheduled class and picked up within 15 minutes of the last scheduled class at no additional cost if they are not enrolled in extended care. Children picked up late will be transferred to the extended care program and will be charged the extended care fee. This fee is payable at the time my (our) child is picked up.
	7. It is my (our) responsibility to provide lunch, snacks, and a water bottle for my (our) child. Greater M Power Tutoring, llc is not responsible for my (our) child's lunch or ensuring that they have enough to eat.
	8. My (our) child will not be allowed to enter or leave the facility without a parent(s) and/or person(s) authorized by parent(s) or facility personnel present.
	9. Before medications are dispensed to my (our) child, I (we) will complete a written authorization form which includes; date, name of medication, name of physician, prescription number, dosage, date and times that medications are to be administered. Medicine will be in the original container with my (our) child's name on it.
	10. I (we) acknowledge that it is my (our) responsibility to keep my (our) child's records current and report any significant changes as they occur; e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, and feeding plans.
	11. The facility agrees to keep me (us) informed of any incidents including illnesses, injuries, and adverse reactions to medications, etc., which affect my (our) child.
	12. I (we) give permission to Greater M Power Tutoring, llc to photograph my (our) child for promotional purposes. I (we) understand these photographs may be used for websites, brochures, newsletter, magazines,

	<p>etc. Greater M Power Tutoring, llc will not make any money on this promotional advertisement and my (our) child will not be compensated for such.</p>
	<p>13. COVID STATEMENT</p> <p>RELEASE AND WAIVER.</p> <p>I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST GREATER MPOWER TUTORING AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.</p> <p>ASSUMPTION OF THE RISK. I acknowledge and understand the following:</p> <ol style="list-style-type: none"> 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; 2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and 3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.
	<p>14. FINANCIAL AGREEMENT I (we) hereby agree to pay \$_____ per week to Greater M Power Tutoring, llc for The Distance Learners' Program for my (our) child(ren)</p> <p>List child(ren)'s name(s):_____.</p>

Parent/Guardian's Signature
Date

Administrator's Signature
Date

Additional Information

Fees

- Registration Fee | \$75 annual registration fee per child

	School Hours Only	Extended Care	Additional Child (School Hours Only)	Additional Child (Extended Care)
Weekly	\$120	\$175	\$100/child	\$150
Daily	\$30	\$40	+\$20/child	\$30

- The “School Hours Only” rate is based on the child’s school schedule
- Children picked up late will be charged the extended care fee.
- Payment is due before your child arrives for the first time each week and late fees are due at time of pickup.
- An adjustment may be made to fees for prolonged absences (3 or more consecutive days) after submitting a letter of verification from the child’s doctor.

General Info

- Children bring their own computer.
- Internet is provided.
- Parents must provide lunch and snacks for their children or make arrangements for its delivery. We will not be doing any pickups, placing orders, or arranging for delivery on site. There is a refrigerator with a freezer for students to store their food.

Hours of Operation

- General Hours of Operation are 7:30 am – 7:30 pm
- The child’s school schedule will determine the school hours and schedule here as well as early drop off time and late pick up time.

Schedule

Each child’s specific schedule is based on the school they are enrolled in. The general schedule is as follows:

- Check-in
- Classes
- Lunch
- Classes
- Wrap-up/checkout or transition to after school activities

After-school

- Wind-down time
- Activity/Homework/Study time
- Check-out/Dismissal

Calendar

We will follow your child’s school calendar for first day, last day, breaks, holidays, and in-service days. Check the website to see if we are open during holidays and breaks.