



**Family and Friends Connection, Inc.**

*Work, play and live as one...*

How did you hear about us?

City of Pembroke Pines  City of Miramar  Community Foundation of Broward  Family Central  School  
 Radio  Newspaper  Television  Corporation  Volunteer Broward  email  Other \_\_\_\_\_

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**TUTORING & AFTERCARE APPLICATION**

**Child's Information:** Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Primary Language \_\_\_\_\_ School Name \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

(For funding purposes) Race: Caucasian \* African American \* Hispanic \* Asia/Pacific \* Bi-Racial \* Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Is the child insured?  Yes/ No Insurance Provider \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Does your child have a disability?  If yes, please state \_\_\_\_\_

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**Primary Parent/Guardian:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

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**Service applying for:**  AFTERCARE  TUTORING  Aftercare and Tutoring

Subjects where tutoring is needed (number in order of preference from 1 to 6, with '1' being the most needed)

English  Reading  Mathematics  Sciences  Social Sciences  Computer Science

How will the child be transported to regular programs? \_\_\_\_\_

Will F&F be allowed to publish photographs of your child for reporting and promotional purposes?  Yes/ No

Additional comments: \_\_\_\_\_



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**Tutorial/Aftercare Agreement and Waiver**

I, the undersigned parent/guardian of the stated child, hereby agree and release Family and Friends, Inc and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, volunteers, guests, and affiliates from, and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my child's participation in Family and Friends, Inc's programs or related activities, including, without limitations, any negligence of Family and Friends, Inc, its officers, directors partners, employees, agents, successors, volunteers, assigns, licensees, sponsors, donors, representatives, guests, and affiliates. Furthermore, to the extent I utilize my own vehicle for transportation or other purposes, in connection to a Family and Friends, Inc project or activities, I hereby represent and warrant that I am, and the vehicle is, fully insured to the extent required by law.

I hereby agree to indemnify and hold Family and Friends, Inc, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, volunteers, guests, and affiliates harmless against any and all liabilities, claims, actions, damages, losses, judgments, fines, deficiencies, injuries, suits and proceedings at law or in equity, costs, or any other expense, fee or charge of any character or nature through all levels of appeal and any amounts paid in settlement of the forgoing which may be imposed upon, incurred or threatened by or upon Family and Friends, Inc (or any related part as referenced above) or any of its property in respect to, or arising out of, my child's participation or in any Family and Friends, Inc activity. In addition to the foregoing, my child will only participate in Family and Friends, Inc's activities that he/she is physically capable of participating in without risk of injury to himself/herself.

I further irrevocably grant to Family and Friends, Inc, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, statements, voice and biography in and all media, publications, advertising and publicity, in connection with my participation and related activities with Family and Friends, Inc. This release shall inure to the benefit of Family and Friends, Inc and its successors, licensees, agents, employees, affiliates, and assigns. This release shall be governed by the laws of the State of Florida.

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_

**For Official Use ONLY**

Accompanying Documents received:       parent ID       Child ID       Administrative Fee

APPROVED       DENIED       Waiting List       Referred to another agency

Evaluating personnel \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_

NOTE \_\_\_\_\_