

FIRST BAPTIST CHURCH OF HIGHLAND PARK
6801 SHERIFF ROAD, LANDOVER, MARYLAND 20785
DR. HENRY P. DAVIS III, PASTOR
OFFICE: 301-773-6655 FAX: 301-773-1347
WEBSITE: www.fbchighlandpark.org



REGISTRATION FORM FOR TUTORING PROGRAM
(Please Print Legibly and Neatly)

\$25 FOR MEMBERS \$40 FOR NON-MEMBERS Due at Time of Registration _____
(\$15 FOR EACH ADDITIONAL STUDENT IN THE SAME FAMILY)

STUDENT INFORMATION

ARE YOU A MEMBER OF FBCHP? YES _____ NO _____

STUDENT NAME _____

RETURNING STUDENT: YES _____ NO _____ AGE _____ GRADE LEVEL _____

STREET ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

NAME OF SCHOOL YOU ATTEND _____

PRINCIPAL _____

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? YES _____ NO _____

HAVE YOU EVER BEEN ASKED TO LEAVE A TUTORIAL PROGRAM? YES _____ NO _____

DO YOU HAVE AN IEP? YES _____ NO _____

PLEASE PLACE A CHECK MARK BY THE PROGRAM AND THEN SELECT THE AREA YOU NEED HELP:

☐ MATHEMATICS

ADDITION ☐ ALGEBRA ☐ SUBTRACTION ☐ GEOMETRY ☐ MULTIPLICATION ☐

ALGEBRA II ☐ DIVISION ☐ BASIC MATH ☐ (ex. word problems, percentages, ratios)

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PARENT/GUARDIAN INFORMATION

ARE YOU A MEMBER OF FBCHP? YES _____ NO _____

PARENT/GUARDIAN'S NAME _____

STREET ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO STUDENT _____

HOME: _____ WORK: _____ CELL: _____

FOR GRADES 3rd THROUGH 6th:

PLEASE COMPLETE THE INFORMATION BELOW FOR ADDITIONAL PERSON/S AUTHORIZED TO PICK UP YOUR CHLD/REN FROM TUTORING.

CONTACT 1:

Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

CONTACT 2:

Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

PARENT/GUARDIAN'S SIGNATURE _____

DATE _____