



*There is  
a difference  
in education.*

1627 W. 42<sup>nd</sup> Street \* Davenport, Iowa 52806 \* ph: (563) 391-3030 \* fx: (563) 388-5206

Does your son or daughter need some extra one on one help during the summer?

Does she need to catch up on her current year's work?

Does he need a head start on next year's work?

How about a little coaching for the summer STEAM project?

# One-on-One Summer Tutoring

The following JFK teachers are available this summer to give your child one-on-one attention.

Please contact the individual teacher below to arrange a specific schedule by calling the school office @ 563.391.3030

Once a schedule is arranged, 24 hour advance cancellation notice to the teacher is required to avoid charges.

Rate: \$22 per hour or \$11 per ½ hour (payable to Our Lady of Victory)

| Teacher        | Preferred grades (student's current grade) | Preferred subject matter                       | Preferred days | Preferred times | Dates Available    |
|----------------|--|--|----------------|-----------------|--------------------|
| Mrs. Motto     | K - 2                                      | Reading/Language Arts                          | M-T-W-Th       | 8:00-11:00      | July 2 – August 10 |
| Mrs. Burke     | K-5  | Reading/Language Arts                          | M-F            | 8:00-12:00      | June 10 – July 28  |
| Mrs. Lundquist | 3-5  | Reading/Language<br>5 <sup>th</sup> Grade Math | T-W-Th         | 8:00-11:00      | June 25 – July 20  |
| Ms. Burken     | 6– 8                                       | Reading/Language Arts                          | Th & F         | 8:00-11:00      | June 6 – July 9    |
| Mrs. Schott    | K - 8                                      | Summer STEAM projects mentoring                | M-T-W          | 9:00-12:00      | June 11 – July 18  |



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### Tutoring Registration Form: Summer 2018

*(This information is available to the staff and, in the event of an emergency, may be given to an appropriate emergency care provider)*

|                       |                     |             |
|-----------------------|---------------------|-------------|
| Child's Name _____    | Birthdate _____     | Grade _____ |
| Child's Address _____ | Home Phone _____    |             |
| Mother's Name _____   | Daytime Phone _____ |             |
| Mother's Email _____  | Mother Cell _____   |             |
| Father's Name _____   | Daytime Phone _____ |             |
| Father's Email _____  | Father Cell _____   |             |

**Names of other people authorized to pick up your child** \_\_\_\_\_

**Emergency contact person to assume care of your child if you cannot be reached**

|                       |                    |             |
|-----------------------|--------------------|-------------|
| Name: _____           | Relationship _____ | Phone _____ |
| Child Physician _____ | Phone _____        |             |
| Child Dentist _____   | Phone _____        |             |

**My child has the following medical condition:**

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma/breathing problem     | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Heart Condition              | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Other (please explain) _____ |                                   |                                    |

I am arranging tutoring with: \_\_\_\_\_ (Name of Teacher)

I know I am responsible to arrange the **preferred subject matter, day(s), and time(s) with the teacher named above.**

I agree to have my child here on time and to pick them up promptly after tutoring.

A child must stay home if he/she is sick, including, but not limited to the following: fever, vomiting, diarrhea, cough or runny nose that prevents the child from participating in activities or has any illness determined to be harmful to him/her or other children.

I understand that the school discipline policy and procedures may apply to summer tutoring. I understand and agree that the violation of these rules and policies may result in my child not being allowed to attend summer tutoring.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Return this form, along with a check payable to *Our Lady of Victory* to the school office by July 1, 2018