# FAST TRACK HOMEWORK CLUB 2015-2016 APPLICATION

**1193 Oxford Street East, Unit #2 London, ON N5Y 3M2 Tel: (519) 452-1466 Fax: (519) 452-1673 W: www.lusocentre.org**

**In order to register your child for Fast Track, please return the completed registration form and a copy of the most recent report card to the Literacy Coordinator. Please note that program spaces are limited. As such, priority will be given to registrants living in North East London, exhibiting significant academic challenges and requiring the greatest need for support. Parents/Guardians will be contacted upon receipt of form. Thank you!**

*All personal information collected is used for the purposes of LUSO Community Services only. LUSO does not disclose any personal information to other agencies, funders, solicitors, etc.

**Child Information:**

| | | | |
|---|---|---|---|
| **Child's First Name:** | **Child's Last Name:** | | |
| **Address:** | | **Postal Code:** | |
| **Telephone Number:** ( __ __ __ ) __ __ __ - __ __ __ __ | **Date of Birth: (M/D/Y)** _____/____/_____ | **Age:** | **Grade:** |
| **School Name:** | **Teacher's Name:** | | |
| **Please list allergies, special diets, medications, etc. that we should be aware of, if any:** | | | |

**Parent/Guardian Information:**

| | |
|---|---|
| **First Name:** | **Last Name:** |
| **Address, if different from child:** | **Postal Code:** |
| **Residential Telephone Number:** ( __ __ __ ) __ __ __ - __ __ __ __ | **Alternate Telephone Number:** ( __ __ __ ) __ __ __ - __ __ __ __ |
| **Email Address:** \|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\| | |

**In Case of Emergency:**

| | |
|---|---|
| **Name of Alternate Contact Person:** | **Relationship to Child:** |
| **Telephone Number:** ( __ __ __ ) __ __ __ - __ __ __ __ | **Alternate Contact Number:** ( __ __ __ ) __ __ __ - __ __ __ __ |

**By answering the following questions, you will enable us to best support your child in the program:**

| | |
|---|---|
| **Is your child looking forward to receiving homework help?** | **Yes** ☐ **No** ☐ |
| **Please list your child's academic strengths:** | |
| **Please list activities that your child enjoys:** | |
| **Please list academic areas that your child finds to be challenging:** | |