

<b>BIIDAABAN ACADEMIC SUPPORT (BAS) TUTORING PROGRAM: 2024-2025 REGISTRATION FORM</b>					
Youth Last Name:			Youth First Name:		
Birthdate (DD/MM/YYYY):		Age:	Grade and School:		
Home Address:					
Email Address: (Please note that all program information will be sent here)					
Language(s) spoken by youth: Cree <input type="checkbox"/> Anishinaabemowin <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> _____					
<b>Primary Contact Information:</b>					
Parent/Guardian Last Name:			Parent/Guardian First Name:		
Home Phone #:		Relationship to Youth:			
Cell Phone #:					
Work Phone #:					
<b>Secondary Contact Information:</b>					
Last Name:			First Name:		
Home Phone #:		Relationship to Youth:			
Cell Phone #:					
Work Phone #:					
<b>Schedule/Availability (between 8:30am and 6pm):</b>					
<b>Day</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Time</b>					
<b>Subjects:</b>					
<b>Mathematics</b> <input type="checkbox"/> <b>Literacy</b> <input type="checkbox"/> <b>Science &amp; Technology</b> <input type="checkbox"/> <b>Social Studies</b> <input type="checkbox"/> <b>Geography</b> <input type="checkbox"/> <b>History</b> <input type="checkbox"/> <b>Other(s):</b> _____					
<p><b>YES</b>, I give permission to Nipissing University for my child to participate in the Biidaaban Academic Support (BAS) program. Online sessions will take place via Microsoft Teams. By signing this document, I understand that this session does not relieve me of my parental duties and that I must remain present in the home and within the vicinity during tutoring sessions. I also understand that my child may require my assistance during sessions (i.e. signing on and off of the virtual platform). Youth are expected to attend scheduled tutoring sessions by joining virtual sessions as planned. Should the youth be absent, the tutor may call the primary contact to follow up. I understand that my child's tutor will have access to the information provided in this form. Secondary contact information will be used in emergency situations only, should the primary contact be unavailable. Please note that multiple absences from the program may result in the withdrawal of tutor services. Tutoring sessions should happen Monday to Friday between the hours of 8:30am and 6pm. The exact schedules will be decided upon between the volunteer tutor and parent/guardian.</p> <p><b>INFORMED CONSENT:</b> I hereby release Nipissing University, its agents, employees and volunteers from all liabilities, claims, demands, actions and causes of action of any nature arising from or related to any injury, including death, suffered by the student, including any damage, loss, theft or destruction of property, injury or death resulting from the negligence of the Faculty, Nipissing University, its agents, employees or volunteers, while attending, participating in or travelling to or from any of the activities completed in the Biidaaban Academic Support program.</p> <p>PARENT/ GUARDIAN (Electronic Signature): _____</p> <p>DATE (DD/MM/YYYY): _____</p>					