

Individual Lessons Registration Forms
Vermont Literacy Network

Complete the following form in its entirety to begin the enrollment process in Individual Lessons through Vermont Literacy Network. The information collected in this form is for safety and professional reasons only. Vermont Literacy Network will not share or sell any of the information provided in this form.

General Student Information	
Full Legal Name	
Preferred Name <i>(i.e. What do they go by?)</i>	
Preferred Pronouns <i>(ex. she/her)</i>	
Birthday	
Street Address(es) <i>If the student has two primary residences, include both addresses where the student resides. If they occasionally/irregularly spend the weekend at another adult's home, do not include those addresses.</i>	
1	
2	
Mailing Address <i>Select <u>one</u> address to be used for mailing purposes, if applicable.</i>	

Student Health Information	
<p><i>Note ALL pertinent medical information including, but not limited to, the following:</i></p> <ul style="list-style-type: none"> - Allergies (note if carrying an epipen) - Neurodivergence (ex. ADHD, ASD, OCD) <ul style="list-style-type: none"> - Physical limitations - Regularly administered medications (ex. rescue inhaler) - Additional health conditions and/or disabilities <p><i>This information is collected in case of unpredictable medical emergencies.</i></p>	

Student's Educational Information	
Current School	
Current Grade <i>Note if they have ever repeated or advanced a grade in school.</i>	
Do they currently have an IEP? ⓘ	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they currently have a 504? ⓘ	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have an EST? ⓘ	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they currently receiving intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your student's current academic standing in literacy. Consider the data collected from district/national assessments and the data presented in previous report cards. Further data will be collected upon our Initial Student Evaluation to determine instructional goals for Individual Lessons.

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Note any other findings, discoveries, and/or concepts of note regarding your student's current understanding and performance in literacy.

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General Family Information	
Parent/Guardian 1	
First & Last Name	
Primary Phone Number	
Primary Email	
Parent/Guardian 2	
First & Last Name	
Primary Phone Number	
Primary Email	

Emergency Contacts	
Contact 1	
First & Last Name	
Primary Phone Number	
Primary Email	
Contact 2	
First & Last Name	
Primary Phone Number	
Primary Email	
Contact 3 (Optional)	
First & Last Name	
Primary Phone Number	
Primary Email	

Waiver and Release of Liability

As the parent/guardian of the child named above, I understand that participation in Vermont Literacy Network's Individual Lessons may involve physical activities that could carry inherent risks of injury, illness, or other health-related issues. By signing this waiver, I acknowledge and agree to the following terms and conditions on behalf of my child:

Assumption of Risk: I acknowledge that participation in Vermont Literacy Network's programs involves certain risks, including but not limited to physical injury, exposure to contagious diseases, and other health-related issues. I voluntarily assume all such risks on behalf of my child, both known and unknown, even if arising from the negligence of Vermont Literacy Network or others.

Medical Clearance: I certify that my child is in good health and able to participate in the programs offered by Vermont Literacy Network. I agree to seek medical clearance if necessary and to notify Vermont Literacy Network of any health conditions that may affect my child's participation.

Release of Liability: I release, discharge, and hold harmless Vermont Literacy Network, its employees, agents, volunteers, and affiliates from any and all claims, liabilities, expenses, or demands resulting from my child's participation in any programs offered by Vermont Literacy Network. This release includes, but is not limited to, claims for personal injury, illness, or property damage.

Indemnification: I agree to indemnify and hold harmless Vermont Literacy Network from any claims, demands, or lawsuits arising out of or in connection with my child's participation in the programs, including any claims arising from the negligence of Vermont Literacy Network.

Medical Treatment: In the event of an emergency, I authorize Vermont Literacy Network to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for immediate care of my child and agree that I will be responsible for payment of any and all medical services rendered.

Compliance with Rules: I agree to ensure that my child complies with all rules and regulations established by Vermont Literacy Network for the safety and well-being of all participants.

By signing, I acknowledge that I have read and fully understand the above waiver and release of liability and agree to its terms knowingly and voluntarily on behalf of my child.

Photo/Video Release

As the previously mentioned student's parent/guardian, I acknowledge that it is my right to choose if my student is photographed or videoed engaging with the learning materials for the uses of, but not limited to, promotion of Vermont Literacy Network programs on social media and on our website, student work displays within our facility and the greater Vermont community, informational and collaboration efforts with local childcare programs and elementary schools, and online/physical newspaper articles.

- Yes, my student MAY be photographed or videoed for the aforementioned reasons while at Vermont Literacy Network.
- No, my student MAY NOT be photographed or videoed for the aforementioned reasons while at Vermont Literacy Network.

Terms and Conditions

- I understand that the completion of the Individual Lessons Student Registration Forms does not automatically assume placement Individual Lessons through Vermont Literacy Network.
- I understand that it is my responsibility as a parent/guardian to ensure that my student arrives prepared, on time, and with all necessary materials to every program.
- I understand that Vermont Literacy Network upholds the right to terminate the enrollment of any student as depicted in our Family Handbook.
- I understand that all staff of Vermont Literacy Network are up-to-date on all legal requirements and training as laid out by the Vermont Department of Children and Families (DCF) and that all staff of Vermont Literacy Network are Mandated Reporters and shall report any suspected child abuse or neglect within 24-hours and without any notice to families. *See more under "Child Safety and Mandated Reporting" in our Family Handbook.*

By signing the Student Registration forms, which includes the Photo Release, Waiver and Release of Liability, and Terms and Conditions, you acknowledge that you have read, understood, and agreed to all the terms and stipulations outlined within these documents. This agreement encompasses your consent for your child's participation in Vermont Literacy Networks's Individual Lessons, the release of liability holding the organization harmless from any potential claims, and your permission for the use of any photographs or videos of your child for promotional purposes. Your signature signifies your commitment to ensuring that your child complies with all program rules and regulations, and confirms that you accept the possible, but unlikely risks associated with the programs offered by Vermont Literacy Network.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date