

# Friendship Baptist Church

## Tutoring Program

Start Date:  
TBA

“I need help  
with my  
child’s  
homework.”

Friendship Tutorial Program

Time: 5:00 p.m.  
until 6:30 p.m.

**WHERE:** Friendship Baptist Education Building

**WHEN:**

Tuesday &

Thursday

**TIME:**

5:00 p.m. Until  
6:30 p.m.

- Professional Volunteers
- Homework help
- Light Snacks provided

For more information contact:

**Friendship Baptist Church**

Primary Church Address  
3416 8th Street  
Tuscaloosa, AL 35401  
tutor@friendshiptuscaloosa.org

Phone: 205-759-5044  
Fax: 205-759-5045  
www.friendshiptuscaloosa.org



# Friendship Baptist Church - Tutorial Enrollment Form

3416 8<sup>th</sup> St., Tuscaloosa, AL 35401 (205)759-5044 Fax (205)759-5045 Website:www.friendshiptuscaloosa.org

## [Student Information]

Date: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

## [Parent/Guardian Information]

Name (Mother) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name (Father) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## [Emergency Contact If Parents or Guardians Unavailable]

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please list any Medical Conditions or Allergies the staff needs to be aware of.  
(Information Kept Confidential)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I give permission for my child to be picked up by the following people.

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

All Classes held at the Education Building.

(Snacks will be served.)