



Tutoring: The Clear Choice

Caleb Mitchell, Executive Director

2020 - 2021



Tutoring: The Clear Choice

Attention,

My name is Caleb Mitchell, and I am the Executive Director located in Palm Harbor, Florida. I am excited to introduce a new program, East Lake Educational Resource Services (EERS), which will be a valuable resource to students and families in our area.

My passion is to improve local communities continuously, and I consider service to youth and their families as key to this mission. I have been fortunate enough to work for many years serving youth and families through organizations in the greater Tampa Bay area, such as the School District of Hillsborough County and the YMCA.

During my tenure with these organizations, I successfully administered academic support programs similar to EERS, such as Teen Achievers in Hillsborough County schools, as well as Bridging the Achievement Gap (BTAG) for students in Pinellas County schools.

Through these programs, students and their families were able to gain knowledge and experiences that would change their lives forever. EERS aims to positively impact local youth and families in Palm Harbor and the surrounding communities. For more information on East Lake Educational Resource Services, please reference the attached program EERS flyer. For further information or questions, please do not hesitate to contact me by phone or email. Thank you!

Caleb L. Mitchell
Executive Director
East Lake Educational Resource Services (EERS)
info@eastlakeeers.com
www.eastlakeeers.com
(727) 234-8039 (Office)

PARENTAL PERMISSION FORM

Student's Name: _____ **Age:** _____

Permission for Enrollment and Release of EERS from Liability:

I give my child permission to participate in East Lake Education Resource Services (EERS) activities. I understand and expressly acknowledge that I release the EERS and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in EERS activities, whether on or off the EERS' premises. I understand that this release includes any claims based on negligence, action, or inaction of the EERS, staff, directors, members, and guests. I have read and am voluntarily signing this authorization and release. I now grant permission for my child to participate in all activities provided by EERS and permit photographs during activities to be used by the EERS.

Photo Release:

I permit photographs of my child to be used by the EERS for promotional and educational purposes. I realize that neither my child nor I will receive compensation of any kind for the use of the photographs. I acknowledge that EERS sometimes takes large group photos/videos that may include my child. I understand the EERS will not identify my child by name in the picture.

Waiver & Release

It is ok for my child to participate in the activities and programs of the EERS. I do now waive, discharge, and covenant not to sue the EERS and its officers, agents, employees, representatives, executors, and all others from any responsibilities, liability, or negligence for injuries or damages resulting from my child's participation in any activities or use of equipment or service of equipment or machinery in the facilities mentioned above, or in any activities at said facilities.

I agree to adhere to all policies set by the EERS 2020 - 2021

Signature of Parent or Legal Guardian

Student Name

Phone # _____ Date _____

2020 – 2021 EERS Application

Dear Parents,

East Lake Educational Resource Services (EERS) is offering an after-school tutoring program in your area. This program will run from **Mondays and Thursdays after school from 3:30 pm – 7:30 pm.**

If you are interested in your child participating, please fill out this form and return to EERS as soon as possible.

Participant Name:

I give permission for my child (named above) to attend the EERS Tutoring Club on Mondays through Thursdays after school from 3:30 pm – 7:30 pm. "I will arrange for my child to be picked up at the front entrance following the tutoring session (5:30 pm for high school and 7:30 pm for middle school). I understand that transportation is not provided from the EERS.

The activities that will be taught will be used to further basic math, reading comprehension. The support and activities in this after school tutoring program will be kept age appropriate.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Numbers

Phone Type
(Home, Mobile, etc.)

Name(s)

Street Address

City

State

Zip

Parent(s)/Guardian(s) Email address(es)

Best Email address(es) to reach Parent(s)/ Guardian(s)

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I hereby authorize the release of records, documents, or other information concerning

_____, DOB: _____ to

_____, the named individual's attorney
and/or his/her representative.

This release covers all school records, including but not limited to records pertaining to discipline, expulsions, suspensions, attendance, grades, transcripts, testing results and special education.

I understand that _____ and his/her staff will regard as confidential and privileged any information thus released to them, and will use said information for the sole purpose of assisting me with the legal matters upon which I have sought their advice and assistance.

A copy of this authorization shall be as valid as the original. This authorization is effective immediately and expires one year from the date below.

Dated:

Signature:

Print full name:

Relationship to student:

Phone number:



WE'RE

Live

Free Online and In-Person Tutoring EERS
Zoom Meeting Room ID#706 402 1203 / Passcode: 0cTGmN
Contact for Dates and Times / info@eastlakeeers.com / www.eastlakeeers.com
Caleb Mitchell, Executive Director / 727-234-8039