



FIRST BAPTIST CHURCH OF HIGHLAND PARK  
6801 SHERIFF ROAD, LANDOVER, MARYLAND 20785  
REV. DR. HENRY P. DAVIS, III, PASTOR  
OFFICE: 301-773-6655 FAX: 301-773-1347  
WEBSITE: [www.fbhp.org](http://www.fbhp.org)

**REGISTRATION FORM FOR TUTORING PROGRAM**  
( Please Print Legibly and Neatly)

**\$25 FOR MEMBERS \$40 FOR NON-MEMBERS** *Due at Time of Registration*  
( \$15 FOR EACH ADDITIONAL STUDENT IN THE SAME FAMILY)

**STUDENT INFORMATION**

ARE YOU A MEMBER OF FBCHP? YES \_\_\_\_\_ NO \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

RETURNING STUDENT: YES \_\_\_\_\_ NO \_\_\_\_\_ AGE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF SCHOOL YOU ATTEND \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN ASKED TO LEAVE A TUTORIAL PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE AN IEP? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE PLACE A CHECK MARK BY THE PROGRAM AND THEN SELECT THE AREA YOU NEED HELP:**

**MATHEMATICS**

ADDITION  ALGEBRA  SUBTRACTION  GEOMETRY  MULTIPLICATION

ALGEBRA II  DIVISION  BASIC MATH  (ex. word problems, percentages, ratios)

**READING**

COMPREHENSION  WRITING SKILLS  SPELLING  GRAMMAR  SENTENCE CONSTRUCTION

**PARENT/GUARDIAN INFORMATION**

ARE YOU A MEMBER OF FBCHP? YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_



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STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**FOR GRADES 3<sup>rd</sup> THROUGH 6<sup>th</sup>:**

PLEASE COMPLETE THE INFORMATION BELOW FOR ADDITIONAL PERSON/S AUTHORIZED TO PICK UP YOUR CHLD/REN FROM TUTORING.

**CONTACT 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**CONTACT 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_