

TUTORING CENTER INFORMATION

Our Tutoring Center is free to all students in Morgan County, grades K-12. We are located on the campus of Hartselle Intermediate School in Hartselle, Alabama. The Tutors are all certified teachers, retired and current.

The Tutoring Center provides tutoring on Monday, Tuesday and Thursday afternoons, 3:30 p.m. – 5:30 p.m. Snacks are provided from 3:00 p.m. – 3:30 p.m.

The Tutoring Center operates on the same schedule as Hartselle City Schools. There is no tutoring on early dismissal days or when Hartselle City Schools are closed.

Our teachers are available to attend Parent/Teacher Conferences when requested by the parent.



HOW TO REGISTER YOUR CHILD

In order to attend the Tutoring Center, a Registration Form must be completed and turned in. You may pick up a Registration Form at the Tutoring Center on Monday, Tuesday and Thursday afternoons, 3:00 p.m. - 5:00 p.m. You can also request one be mailed to you by emailing us at tutoringcenter52@yahoo.com or by calling or texting Shirley S. Bonney at (256) 565-2799. Registration Forms can be returned by mail, to the Tutoring Center or to the student's school.

Once a completed Registration Form is received, a parent/guardian must attend Parent Orientation to go over Tutoring Center Policy.

The Tutoring Center can only accept a limited number of students due to space. Children are accepted on a first come, first served basis. After space a full, children are put on a waiting list.

Please feel free to contact us if you have any questions.



**Hartselle Morgan County
Community Task Force**

TUTORING CENTER

**PO Box 1462
Hartselle, AL 35640**

tutoringcenter52@yahoo.com

**The Hartselle Morgan County
Community Task Force is a 501(c)3
nonprofit organization.**

FUNDING

The Hartselle Morgan County Community Task Force receives funding through fundraisers and individual donations. Our biggest fundraiser is our "Helping Our Children Excel Banquet" which is held in the Spring. We also have a Fish/Chicken Fry in the Fall. All monies go to fund the Tutoring Center.

As a 501(c)3 organization, all donations are tax-deductible.

Donations are tax-deductible to the extent allowed by law.

DONATIONS

All donations should be mailed to PO Box 1462, Hartselle, AL 35640. Checks should be made payable to "Hartselle Morgan County Community Task Force" or "HMCCTF."

All questions regarding donations should be made to Randy Love, (Treasurer, at 256) 227-8200 or email hmcctaskforce@yahoo.com.

Upon receipt of your donation, you will be mailed a letter acknowledging your donation.

Thank you in advance for your donation.

WHO WE ARE?

About Us

The Hartselle Community Task Force was formed on March 5, 1995 and incorporated into a 501(c)3 organization on September 30, 1998.

We re-organized as the Hartselle Morgan County Community Task Force, a 501(c)3 organization on May 14, 2014.

We can be contacted by emailing us at hmcctaskforce@yahoo.com. The Tutoring Center can be contacted by emailing tutoringcenter52@yahoo.com.



Board Members

Shirley S. Bonney – President

Cleo Stubbs – Vice President

George Herring – Vice President

Randy Love – Treasurer

Brenda Sharpley – Assist. Treasurer

Maria Nolen – Secretary

Sue Trammell – Assist. Secretary

TEACHERS

About Our Teachers

Linda Hyde

Retired Teacher

Previously employed by Hartselle City Schools, Winston County School, Decatur City Schools, & Huntsville City Schools.

Maria Nolen

Retired Teacher

Previously employed in Horn Lake, MS; Southaven, MS; Montgomery, AL and Decatur, AL. Retired after 40 years in education as an Administrator.

Dana Sharp

Hartselle City School Teacher

Currently Employed at Hartselle Jr. High School. Teaches 8th grade Social Studies.

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Hartselle Morgan County Community Task Force (HMCCTF)

PO Box 1462 – Hartselle, AL 35640
hmcctaskforce@yahoo.com

School Year 2019-2020

After School Tutoring Registration Form

Child's Information (#1)

Child's Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ Zip Code: _____ Home/Cell Contact Number: _____

Child's Date of Birth: ____/____/____ Child's Gender: Male or Female (*circle one*)

Race/Ethnicity (optional):
 Black or African American
 White/Caucasian
 Hispanic/Latino
 Hawaiian/Pacific Islander
 Other _____
 Asian
 Native American
 Bi-Racial
 Multi-Racial

Name of School Attending Aug. 2019: _____ Grade in School (Aug. '19): _____

Information NOW (*required*): username: _____ password: _____
(*used to get grades only*)

Is Child a Bus Rider? Yes No. If Yes, what bus number does child ride? _____

Does Child Have Any Allergies? Yes No. If Yes, please list allergies: _____

Does Child Have Any Medical Problems/Conditions/Needs? Yes No. If Yes, please list: _____

Does Child Take Any Medications? Yes No. If Yes, please list: _____

Household Information

Child Lives With: Both Parents Mother Father Step
 Aunt/Uncle Grandparent(s) Foster Care Other

Household Member Receives: SSDI SSI TANF
(*check all that apply*) Day Care Voucher Food Stamps Veterans Affairs
 School Lunch Program None apply to my household

Primary Language Spoken in Home: _____

Primary Parent/Guardian Information

Parent/Guardian's Last Name: _____ First Name: _____ MI: _____

Employer's Name & Address: _____

Cell Number: _____ Work Number: _____

Secondary Parent/Guardian Information

Parent/Guardian's Last Name: _____ First Name: _____ MI: _____

Employer's Name & Address: _____

Cell Number: _____ Work Number: _____

Emergency Contact Information

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Pick Up Information

Please list person's authorized to pick child up from tutoring:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

I have read the completed application and I understand the rules of the HMCCTF of Hartselle, Alabama, and request that my son/daughter be admitted into membership, and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that HMCCTF will not be responsible for any accident to him/her while on the premises of HMCCTF or while engaged in any of its activities away from HMCCTF.

Parent/Guardian's Signature: _____ Date: _____

OFFICE USE ONLY:

Orientation Date: _____ Start Date: _____

PLEASE READ CAREFULLY & INDICATE CHOICES WITH CHECKMARKS OR INITIALS

COMPUTERS: (Checkmark OR Initials Required)

CHOOSE ONLY ONE OPTION IN THIS SECTION

My child **CAN USE** e-mail and the internet while at HMCCTF for the purpose of study, research, or program participation. As a user of HMCCTF computers and software, my child and I agree to comply with the posted rules and use the network in a constructive manner.

I would prefer that my child **NOT USE** e-mail or the internet while at HMCCTF. I understand that by making this choice, there **WILL BE** certain programs, activities, and recreational opportunities which will **NOT BE** made available to my child in a different format. The staff and volunteers at HMCCTF will not be assigned on an individual basis to provide alternate **LEARNING** opportunities reflective of the computer based programs offered as part of the HMCCTF curriculum and tutoring programs. Alternate recreational activities, such as reading or studying with the group, will be made available.

MEDICAL: (YOU MUST Checkmark OR Initial IN EACH SECTION)

In the event of an emergency, the HMCCTF must have WRITTEN CONSENT to see medical treatment for your child.

Section 1

I authorize administration of basic first aid.

I **DO NOT** authorize the administration of basic first aid.

Section 2

I give HMCCTF permission to seek medical treatment for my child.

I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

I **DO NOT** give HMCCTF permission to seek medical treatment for my child.

HOLD HARMLESS AND LIABILITY RELEASE

WAIVE AGREEMENT (Checkmarks OR Initials Required)

I voluntarily submit my child for registration as a member of HMCCTF. Activities at the HMCCTF site(s) may include, but are not limited to: Swimming, Weight Room, and other **SPORTING ACTIVITIES**, including **OUTDOOR** gardening and other **OUTDOOR** interaction. By choosing, at my discretion, to allow my child to participate in these activities, I will hold harmless HMCCTF from any claim by me or my child or any entity on behalf of me or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

PARENT AGREEMENT

I understand that by reviewing these documents I am agreeing to the policies of the HMCCTF, and that my child and I will abide by the policies for appropriate participation/attendance. I also assume responsibility for the behavior of my child while in attendance at **ALL** HMCCTF activities, wherever they may occur. I understand the potential of my child being removed, either temporarily or permanently, from the grounds and activities, depending on the decision of the Board of Directors of HMCCTF regarding failure of myself and/or my child to follow the policies for appropriate behavior.

I have read and understood all policies and procedures for the HMCCTF.

Parent/Guardian's Signature: _____

Date: _____

Assessment Permission Form (Indicate by checkmark OR initial)

RE: Child to participate in assessments including but not limited to: Surveys for outcome measurements, schools, household demographics, and customized surveys built for specific programs.

For valuable consideration I, the undersigned, hereby irrevocably consent to and give authorization for my child to participate in Assessments used by Hartselle Morgan County Community Task Force of Hartselle, Alabama, Department of Human Resources and their subsidiaries, and affiliates. These assessments may include my child's name, my household information, my child's grades and/or survey information to be used for reporting purposes ONLY.

I give permission for my child to participate in Assessments.

I DO NOT give permission for my child to participate in Assessments.

Media Permission Form (Indicate by checkmark OR initial)

RE: Use of Name, Photograph and Identity in Connection with Advertising and/or Promotion of the organization

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Hartselle Morgan County Community Task Force of Hartselle Alabama, Department of Human Resources and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, works of art and identity in various HMCCTF website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

I give my child Media Permission.

I DO NOT give my child Media Permission.

School Data Release Form (Indicate by checkmark OR initial)

The Hartselle Morgan County Community Task Force of Hartselle, Alabama will maintain all children's files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information) may be shared professionally with a Hartselle Morgan County Community Task Force staff member, an Alabama Department of Human Resources Case Manager (if applicable), or the school system child attends. Files for all programs funded in whole or in part by the Alabama Department of Human Resources are available for monitoring and subject to audit by the Alabama Department of Human Services. Communication of member information to persons or agencies other than listed above will require written approval of the member's parent.

I give permission to the HMCCTF to receive all academic information from my child's school.

I DO NOT give permission to HMCCTF to receive all academic information from my child's school.

General Travel Permission Form (Indicate by checkmark OR initial)

By signing below, the parent(s) of the youth agree that the Hartselle Morgan County Community Task Force of Hartselle, Alabama, the Department of Human Resources, nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Hartselle Morgan County Community Task Force outings during the After School/Summer Programs.

The Hartselle Morgan County Community Task Force must have this permit signed by the parent(s) before the youth is allowed to travel with the HMCCTF during any outings during the After School/Summer Programs.

This form only gives permission for children to travel with the Hartselle Morgan County Community Task Force. A parent's signature must be on a sign-up sheet for each field trip OUTSIDE of the Hartselle area, before the children will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.

I give my child General Travel Permission.

I DO NOT give my child General Travel Permission.

I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice. This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives.

Parent/Guardian's Signature: _____ Date: _____