



Rockpointe

Afterschool Program

Return completed Application to:
Smith Rock Community Church
8344 11th Street ~ PO Box 278 ~ Terrebonne, OR 97760
541-548-1315

Parent/Guardian Name: _____

Parent Phone Number: _____

Parent e-mail: _____

Parent Address: _____

Student Name: _____

Student Birthdate: _____ Grade: _____

1) Which subjects are you interested in receiving help with?

2) Please describe any special challenges that we should be made aware of:

3) Do you agree to a 15-minute Life Lesson each week?

➤ Life Lessons encourage conversation regarding positive moral traits and critical life decisions.

4) What days would you like to receive tutoring? (An average minimum attendance of 3 days per week during the school year is required.)

Parent/Guardian Signature: _____ Date _____