

# MATH TUTORING

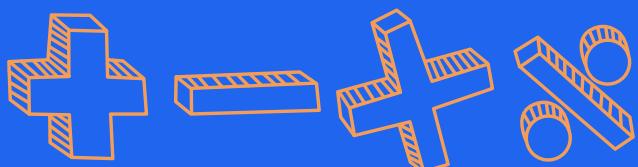
*at the Library*

Grades 1 - 6

Generously  
sponsored  
by:



Is your student having trouble with math? The library will host 60 minute math tutoring sessions with Mathnasium each week throughout the school year. These sessions aim to provide your child with consistent support to enhance their understanding and confidence in math.



Thursdays

**Session 1:**

4:30 p.m. - 5:30 p.m.

**Session 2:**

5:30 p.m. - 6:30 p.m.

To learn more about this program, pick up an application at the Library.



Dear Students and Families,

Thank you for your interest in the City of Signal Hill Public Library free math tutoring program sponsored by Signal Hill Petroleum, designed to enhance your mathematical skills through our Math Tutoring program with Mathnasium. Mathnasium of Long Beach Bixby Knolls is dedicated to providing high-quality, personalized math tutoring to help students grades 1<sup>st</sup> – 6<sup>th</sup> to excel in their studies.

Before you begin filling out the application, please carefully review the eligibility requirements and application process below to ensure that you meet all the necessary eligibility requirements for participation in this program:

Tutoring services will be available for students who are entering grades 1<sup>st</sup> to 6<sup>th</sup> during the 2025-26 school year. Enrollment will be on a first-come, first-served basis. However, students with the following students will be given priority:

### **Eligibility Requirement**

- 1.) Students who live in the City of Signal Hill.
- 2.) Students who attend Signal Hill Elementary, Alvarado Elementary, or 6<sup>th</sup> Grade students attending Jessie Nelson Academy.

### **Tutoring Application Required Documents**

- 1.) Tutoring Application
- 2.) Submit a past or current teacher recommendation letter indicating a need for tutoring in math.
- 3.) Submit the most recent report card
- 4.) Submit Commitment Letter – Required upon approval

Thank you for your interest in the Math Tutoring Program. Complete the Tutoring Application and submit it to the Library Circulation Desk or email by Friday, August 22.

Sincerely,

City of Signal Hill Public Library  
[shltutoring@cityofsignalhill.org](mailto:shltutoring@cityofsignalhill.org)





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## Student and Family Commitment Letter

The goal of the Math Tutoring Program is to provide a transparent and effective tutoring program; your commitment and cooperation is necessary to ensure the success of this program. Please read the following agreement and sign below to indicate your understanding and commitment.

### Commitment Agreement

By signing this commitment letter, you agree to the following:

#### 1. Attendance:

- I will attend all scheduled tutoring sessions to the best of my ability, arriving on time and prepared to learn.
- If your child will not be attending a tutoring session on a given day, please email [SHPLTutoringProgram@cityofsignalhill.org](mailto:SHPLTutoringProgram@cityofsignalhill.org) at least 48 hours in advance or call (562) 989-7323 to alert staff that your child/ren will be absent.
- I understand (4) absences will result in the immediate removal from the tutoring service and another student placed in that spot.
- Parents or an authorized adult will be required to drop-off and pick up students for each tutoring session.

#### 2. Active Participation:

- I will actively participate in all tutoring sessions, engaging with the instructor and peers.

#### 3. Respect and Cooperation:

- I will treat all instructors, City staff, and fellow students and City property with respect.
- I will cooperate with the program guidelines and follow the instructions of the City Staff and Mathnasium staff.

#### 4. Communication:

- Any challenges or concerns with City staff or program coordinators will be communicated.
- Progress reports will be reviewed and discussed to support my learning at home.

#### 5. Commitment to Improvement:

- I am committed to improving my math skills and will try to achieve this goal.

## Acknowledgement

By signing below, I acknowledge that I have read, understood, and agree to the terms of this commitment letter. I am excited to participate in the Signal Hill Public Library Math Tutoring program and will strive to maximize this opportunity.

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

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

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

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

Thank you for your commitment and cooperation. We look forward to working together to achieve your math goals!

Sincerely,





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## Frequently Asked Questions

### **Who can participate?**

Tutoring services are open to Signal Hill students who are going into any grade from 1<sup>st</sup> -6<sup>th</sup> during the 2025-26 school year.

Long Beach students who attend school in Signal Hill are welcome to apply if space is available.

### **What if my student is in Kindergarten or older than Grade 6? Can they still participate?**

Tutoring services is only available to students who are going into grade from 1<sup>st</sup> -6<sup>th</sup> during the 2025-26 school year. Services are not designed to assist students outside these specified grade levels.

Our Children's page also highlights additional learning resources and activities, including online Britannica School, ABC Mouse, Wordbook Online, and more.

### **How long are tutoring sessions?**

Each tutoring appointment will be 60 minutes long.

Please plan to arrive at the Library tutoring area no less than 5 minutes early to ensure your students can receive their full 60-minute appointment. Parents must pick up their child/ren immediately after their tutoring session ends.

### **How long is the program?**

The math tutoring program is 36 weeks in length. Participants are required to attend all 60-minute sessions daily, Thursdays during those 36 weeks.

Math Session: September 4 - June 4, 2026.

### **How can I register my student?**

Students will be enrolled on a first-come, first served basis, based on submittal of a completed application and assessment. Signal Hill students will be given priority enrollment. Separate forms will need to be submitted for each student in each session; however, students may only attend one session per week. Applications may be picked up from the Circulation Desk at the Signal Hill Public Library (1800 E. Hill Street)

### **How will I know if my student has been accepted into the tutoring program?**

Email confirmations will be sent within 2 weeks of the submitted date. Please be sure to add [SHPLtutoring@cityofsignalhill.org](mailto:SHPLtutoring@cityofsignalhill.org) to your Safe Senders List to receive timely updates.

Parents, guardians, and/or caregivers are required to sign and submit a Program Application Forms before services begin. This may be done in advance via email or on the first day of tutoring.

Please note: Forms received after September 4 will automatically be added to the Waiting List. Customers will be contacted if and when a space opens up.

## **Will my student get priority if they previously participated in a tutoring program at the Library?**

All enrollments will be made on a first-come basis, Signal Hill residents will be given priority for this program.

## **Can my student attend both Math sessions?**

No, students may only attend the session to which they're assigned.

## **Will my student have one-on-one tutoring?**

The Math tutoring program consists of 4 on 1 tutoring. We will do our best to group students with others in the same or similar grade.

## **How many appointments does my child need to attend?**

Attendance at each tutoring session is mandatory. Tutoring services will be provided 1 day each week, 4:30 p.m. – 5:30 p.m. and 5:30 p.m. – 6:30 p.m. Thursday during the selected 36-week session.

We ask parents and caregivers to carefully consider other schedule obligations before submitting an online Interest Form and reserving a space in the program.

## **Do I need to be present during all tutoring session?**

Parents and guardians are asked to walk their students to and from the tutoring area. Tutors and Library staff are not responsible for the supervision of students left unattended.

You are welcome to remain in the tutoring area or take advantage of the variety of materials and resources available at the Library like books, magazines, computers, and more!

## **What happens if my student misses an tutoring session?**

Due to the short nature of the program, students will be required to attend all appointments to maximize the benefits of this free tutoring service. Students who miss two appointments will be removed from services and another student placed in their spot.

We ask parents and caregivers to carefully consider other schedule obligations before submitting an online Interest Form and reserving a space in the program.

## **Can my student with special needs or learning disabilities enroll?**

The math tutoring program welcomes students of all abilities who are going to any grade from 1-6 during the 2025-26 school year. Our program is designed to provide sustained tutoring in a fun, engaged, and supportive learning environment through regular instruction and learning activities.

The Math Tutoring program is not an intervention program nor can tutors provide recommendations or diagnose any concerns you may have with your student's academic progress or behaviors. Additional information about Special Education Services can be found on the Long Beach Unified School District website.

## **Can my student be tutored in another language? What about students who go to a dual language or bilingual school?**

The math tutoring program instruction and materials are only delivered in English.

## **Who will be tutoring my student?**

The City has contracted with the tutoring company Mathnasium to provide professional tutoring services. They have provided tutoring throughout the United States for more than 20 years.

## **What will the tutors cover?**

Tutors will complete assessments with each student during the first and last appointments to measure the impact of the program. Tutors will use the information they receive from the initial assessment to inform your student's tutoring appointments.

## **Do you communicate with my student's teacher or school?**

The Signal Hill Public Library is not in a formal partnership with any school for the math tutoring program and we do not have access to any academic information.

## **Who can I contact with other questions?**

Additional questions can be sent to [SHPLtutoring@cityofsignalhill.org](mailto:SHPLtutoring@cityofsignalhill.org). Emails are monitored Monday-Thursdays and will be answered in the order received.



Signal Hill Public Library  
1800 E. Hill Street, Signal Hill, CA 90755  
562.989.7323  
www.cityofsignalhill.org/library

**City of Signal Hill Parks Recreation and Library Services**  
**TUTORING APPLICATION**  
**2025 - 2026 School Year**

Child's First Name:	Last Name:	Date of Birth	Age	Grade in fall	Male Female Non-Binary
1.					
2.					
3.					
Child's Primary Address:		City:		Zip:	

Parent 1/Guardian Name:	Child lives with parent: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No	Cell Phone:	E-mail:
Address:	City:	Zip:	
Employer:	City:	Work Phone:	
Parent 2/Guardian Name:	Child lives with parent: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No	Cell Phone:	E-mail:
Address:	City:	Zip:	
Employer:	City:	Work Phone:	

**Emergency Contact:** In the event of an illness or emergency, if a parent/guardian cannot be reached, list two adult(s) who may be called. (Adult must be over 18 years old)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**Release Authorization:** I authorize the following adult(s) to pick up my child. (Adult must be over 18 years old)

Name:	Relationship:	Phone:

**Health Information: Child 1**

Name:	Age:	School:
What are your child's special needs, if any? (Please specify below)		
Physical:	Medical:	Behavioral:
Food allergies:	Medication allergies:	Dietary restrictions:

Is your child presently taking any form of medication? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes explain:
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Child's Physician:	Phone:
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#### Health Information: Child 2

Name:	Age:	School:
What are your child's special needs, if any? (Please specify below)		
Physical:	Medical:	Behavioral:
Food allergies:	Medication allergies:	Dietary restrictions:
Is your child presently taking any form of medication? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes explain:		
Child's Physician:	Phone:	

#### Health Information: Child 3

Name:	Age:	School:
What are your child's special needs, if any? (Please specify below)		
Physical:	Medical:	Behavioral:
Food allergies:	Medication allergies:	Dietary restrictions:
Is your child presently taking any form of medication? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes explain:		
Child's Physician:	Phone:	

#### CONSENT AND WAIVER FOR PARTICIPATION AND MEDICAL RELEASE

By signing this liability waiver and release (the "Agreement"), and in consideration of the above named Minor Participant's participation in the City of Signal Hill's ("City") Tutoring Program (the "Program"), I, my personal representatives, heirs, next-of-kin, and assigns (collectively, the "Releasors") hereby release, waive, discharge, and covenant not to sue the City and its officials, officers, employees, agents, representatives, and volunteers (collectively, the "Released Parties") from and for any and all claims, demands, suits, causes of action, proceedings, damages, injuries, losses, and liabilities of any kind, resulting from, in any way arising out of, in connection with, or related to the Minor Participant's participation in the Program, including but not limited to transportation to and from the Program whether caused by the negligence of me, the City, other participants, or anyone else. I further agree to release and discharge the Released Parties of any duty to the Minor Participant.

I am fully aware of the risks and hazards inherent in the Program, and agree to accept and assume full responsibility for any and all risks of damage, illness, injury, or death resulting to the Minor Participant or property, including third parties, arising out of or in connection of the Minor Participant's participation in the Program, including but not limited to transportation to and from the Program, whether the risks are known or unknown to me (collectively, referred to as "Risk of Injury").

I am fully aware and acknowledge that the City is not responsible for, and shall not be providing transportation to myself and/or Minor Participant to and from the Program. Further, that the phrase, "participation in the Program" as used in this Agreement, shall be interpreted broadly, to include, but is not limited to, any and all claims, demands, suits, causes of action,

proceedings, damages, injuries, losses, and liabilities of any kind, resulting from, in any way arising out of, in connection with, or related to my and/or Minor Participant's transportation to and from the Program.

I agree that, in consideration for the City allowing the Minor Participant to participate in the Program, that I, hereby accept responsibility for any and all Risk of Injury on behalf of the Minor Participant, including the Releasors, and anyone who might claim on my behalf, and on all such behaves.

I do hereby agree to release and forever discharge, defend, indemnify and hold harmless the Released Parties from any liability for any and all claims, demands, causes of action, damages, judgments, costs or expenses, including attorneys' fees and other litigation costs, which may in any way result from, or in any way arise out of the Minor Participant's participation in the Program.

I understand that this release and waiver extends to all claims of every kind or nature whatsoever, either in law or in equity, foreseen or unforeseen, known or unknown, which arise or may hereafter arise from the Minor Participant's participation in the Program and that this release and waiver discharges the Released Parties from any liability or claim that I may have against the Released Parties, or any of them, with respect to any Risk of Injury that may result from the Minor Participant's participation in the Program, whether caused by the negligence of the Released Parties, or their respective officials, officers, agents, volunteers, contractors, or employees.

I do hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise account of any first aid, treatment, or service rendered in connection with the Minor Participant's participation in the Program, or with the decision by any representative or agent of the Released Parties, or any of them, to exercise the power to consent to medical or dental treatment as such power may be granted by me.

I understand that this release discharges the City from any liability or claim that I, my heirs, or any personal representatives may have against the City with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to the Minor Participant's participation in the Program. I understand and agree that my release and indemnity obligations will survive the expiration or termination of this Agreement and the Minor Participant's participation in the Program.

I am aware and understand through the Minor Participant's participation in the Program, the Minor Participant may have access to City premises in which sensitive and Confidential Information of the City is present. "Confidential Information" shall mean nonpublic information designated as confidential, or given the nature of the information or circumstances surrounding the information, including its presence on City premises, should reasonably be understood to be confidential. The Minor Participant agrees not to access, take, copy, photograph, reproduce, transfer, or otherwise remove any information, documents, data, memoranda, materials, devices and any all City property, whether in physical or electronic from City premises.

I CERTIFY THAT I HAVE READ, UNDERSTOOD AND VOLUNTARILY AGREE TO THIS RELEASE OF LIABILITY AND WAIVER AS IT APPLIES TO ANY MINORS FOR WHOM I AM SIGNING. I UNDERSTAND THAT, BUT FOR THE FOREGOING, THE MINOR WOULD NOT BE PERMITTED TO PARTICIPATE IN THE PROGRAM. I FURTHER AGREE THAT NO ORAL STATEMENTS, REPRESENTATIONS OR INDUCEMENTS, APART FROM THIS RELEASE AND WAIVER, HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT.

**I HAVE READ AND AGREE TO THIS CONSENT AND WAIVER FOR PARTICIPATION**

Parent/Guardian Signature:	Relationship:	Date:
Parent/Guardian Signature:	Relationship:	Date:

**PARENT AND PARTICIPANT CODE OF CONDUCT**

We are dedicated to ensuring a safe, enjoyable, and respectful space for all. All registration forms must be kept current with up-to-date addresses and phone numbers. Please inform staff of any changes. To uphold this environment, participants and their families must follow the code of conduct outlined below at all times. Please review lines 1-5 carefully with your child. After discussing these policies, initial each line and sign at the bottom to confirm your understanding and agreement.

**Please review each line with your child and have them initial in the section below.**

**As a participant** in the Tutoring Program, I will:

1. \_\_\_\_\_ Abide by all Signal Hill Public Library Code of Conduct policies and program procedures.
2. \_\_\_\_\_ Attend all scheduled tutoring sessions by arriving on time, coming prepared, actively engaging, and taking responsibility for my belongings.

3.  Communicate any challenges or concerns with the Library staff and or instructors.
4.  Review my progress reports with my parent/guardian and discuss ways to support continued learning at home.
5.  Commit to improving my math skills and try to achieve goals.

**Parents/Guardians:** Please review each line and initial each line below.

As a **parent/caregiver** of a child in the Tutoring Program, I understand that:

1.  If your child will not be attending a tutoring session on a given day, please email [SHPLTutoring@cityofsignalhill.org](mailto:SHPLTutoring@cityofsignalhill.org) at least 48 hours in advance or call (562) 989-7323 to alert staff that your child/ren will be absent. If my child misses two consecutive unexcused tutoring sessions, they will be subject to removal from the program and replaced by a student on the waiting list.
2.  Mathnasium and the Signal Hill Public Library have my permission to share my child's progress reports with program sponsor to monitor students' progress throughout the program.
3.  For your child's safety, only individuals authorized in writing by the parent or guardian and listed on the Release Authorization, who are over 18 years old, may pick up your child/children. Parents or guardians who are separated or divorced should provide copies of a signed court order if there are any restrictions concerning their child/children. Without a court order, staff will be required to release the child/children to either parent or guardian, or to anyone they have authorized to pick up the participant. Staff will require photo ID from anyone other than the parent or guardian. Participants are not permitted to sign themselves in and out at will.
4.  The Tutoring Program is held on Thursdays from 4:30 p.m. to 5:30 p.m. and from 5:30 p.m. to 6:30 p.m. Parents must pick up their child/ren immediately after their tutoring session ends. A phone call is made immediately to the parent/guardian and all persons listed on the Release Authorization if child/ren are not picked up. Parents/Guardians must remain on site at the Library for the duration of the tutoring session.
5.  For the safety and comfort of all participants, children not abiding by the Signal Hill Public Library Code of Conduct, displaying violent or aggressive behavior, using derogatory or threatening language with another participant or staff who constantly have to be consulted about poor choices or inappropriate behavior may be removed from the program at any time for disruptive conduct.
6.  Parents, guardians, authorized representatives, and authorized visitors are expected to behave respectfully when communicating with staff members and instructors. Parents, guardians, and authorized representatives are prohibited from addressing other children or parents regarding behavior concerns related to their child. We ask that parents allow staff and instructors to address behaviors with other children and their families. Any inappropriate conduct, abuse, or harassment will result in the suspension or cancellation of the child's enrollment. This includes yelling, threatening, or other perceived aggressive behavior.

*After reviewing this Parent and Participant Code of Conduct, I understand that violating any of its rules will result in responsibility for those actions and their consequences.*

Child's name \_\_\_\_\_ Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Tutoring Schedule

The schedule follows Long Beach Unified School District, except for spring recess. There will be no sessions during holiday closures.

<b>Week</b>	<b>Session Dates</b>	<b>Week</b>	<b>Session Dates</b>
<b>1.</b>	September 4	<b>19.</b>	January 29
<b>2.</b>	September 11	<b>20.</b>	February 5
<b>3.</b>	September 18	<b>21.</b>	February 12
<b>4.</b>	September 25	<b>22.</b>	February 19
<b>5.</b>	October 2	<b>23.</b>	February 26
<b>6.</b>	October 9	<b>24.</b>	March 5
<b>7.</b>	October 16	<b>25.</b>	March 12
<b>8.</b>	October 23	<b>26.</b>	March 19
<b>9.</b>	October 30	<b>27.</b>	March 26
<b>10.</b>	November 6	<b>28.</b>	April 2
<b>11.</b>	November 13	<b>29.</b>	April 9 (Spring Recess Tutoring)
<b>12.</b>	November 20	<b>30.</b>	April 16
<b>13.</b>	December 4	<b>31.</b>	April 23
<b>14.</b>	December 11	<b>32.</b>	April 30
<b>15.</b>	December 18	<b>33.</b>	May 7
<b>16.</b>	January 8	<b>34.</b>	May 14
<b>17.</b>	January 15	<b>35.</b>	May 21
<b>18.</b>	January 22	<b>36.</b>	May 28

- A completion Ceremony is scheduled for Thursday, June 4. Time TBD