

TUTORING REGISTRATION FORM

Last Name:	First Name	
Age Date Of Birth: SCHOOL ATTENDING:	 Gr	rade Level:
Parent Information: Full Name of a Parent:		
Home phone #:()	Cell phone #:()	
Address:	Apt# City	Zip
**E-MAIL (REQUIR	ED)	
Responsible Adult for Pick-u Name:	<u>ps</u> Relationship to Student _	
Phone # ()		
Check Here if you w	vould like your child to go home	alone
:	****Please Read carefully before	e signing!
time for the agreed tutoring that session, it cannot be modulated that session, it cannot be modulated that center or in the very 5 minutes (\$5 dollars of the center of t	sessions. If you arrive late to the ade up or extended. Since our speciality to pick-up your child. A locharge) if parent/guardian arrive ONE class per (package/week) il. If you decide to reschedule or a, that session will be lost and car	when you notify us 4-HOURS in cancel the tutoring session with les
If session is not paid or there AUTOMATICALLY be cancell will NOT always have the sar working with a student. How	is an unpaid balance due on stu	le to receive the services. Student ans there will be one teacher g other tutors and students.
Parent/Guardian's FULL NAM	ΛΕ:	Signature:

TO BE FILLED OUT BY ADMINISTRATOR ONLY

STUDENT NAME:	GRADE LEVEL:						
INDIVIDUAL TUTORING 1-1	WANT TO TRY	'? \$40/HF	R for Individu	al Tutoring ON	ILY!		
The state of the s		asses]	\$360 fc	P./SHSAT/STA or 8 Hours [Cla or 10 Hours [Cla	sses]		
DAY / DATE	TIME	SUBJECT	PAYMENT	DATE	-		
<u>1.</u>			AMOUNT	paid/Initials	-		
<u>2.</u>					-		
<u>3.</u>					-		
<u>4.</u>					-		
<u>5.</u>					-		
<u>6.</u>					-		
<u>7.</u>					-		
<u>8.</u>					-		
<u>9.</u>					-		
<u>10.</u>					-		
<u>11.</u>					_		
<u>12.</u>					_		
Tutoring Policies: 1- tutoring sessions in advance. Only 1-cance student arrives late for tutoring session/s. If over 30 minutes have passed we cannot get in touch with the absolutely NO REFUND for any touch with the state of the session of the	elation per session sessions will not be since the session e parent/guardia	n renewal is allo e extended. The was due to star n, the session/se	wed if notified are are no make t (with no notifie	4 hours in advo e-up session/s f cation from the	ance. If a for missed e parent) and		
By signing below, I agree with the party Signature		rvices (dates, hour trator Signature	rs) and payment a	arrangements ab ————————————————————————————————————	ove:		