



# Fostering Education Through Summer Learning

## Registration Form (\$15 Registration Fee)

Student Name \_\_\_\_\_ Coming from \_\_\_\_\_ grade

Birthdate: \_\_\_\_\_ Most recent school attended \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Yes \_\_\_\_\_ No

PERMISSION TO CONTACT TEACHER FOR INFORMATION

Allergies or medical concerns \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Please list two names & phone numbers of people **other than you** that can be reached if there is an emergency.

\_\_\_\_\_  
\_\_\_\_\_

Please initial each space as your agreement to the terms:

\_\_\_\_\_ I agree to attend the required registration meeting in person before sessions begin.

\_\_\_\_\_ I understand and agree that payment before the tutoring session takes place is required; **no exceptions**. I will receive a receipt for each payment.

\_\_\_\_\_ I agree to have my child at the Education 4 U facility in time for the session to begin.

\_\_\_\_\_ I agree to come inside to pick up my child within the 5 minute time frame of dismissal as sessions are scheduled back to back. **Extra charges will apply after the 5 minutes.**

\_\_\_\_\_ I understand that after the 5-minute time frame I will be charged an additional \$10 fee for each 10 minutes that my child will need to be supervised. This payment will be due upon pick up of my child.

\_\_\_\_\_ I agree to notify one of the teachers by phone call or in person if my child is unable to attend, or I agree to pay the fee in full if I do not contact the teacher.

\_\_\_\_\_ If my child becomes ill before tutoring time I agree to phone one of the teachers to inform her that my child will be unable to attend. (no charge for ill children)

\_\_\_\_\_

\_\_\_\_\_

Parent signature

date

*\*If you are in need of financial assistance, please inquire about a scholarship opportunity form. Please note that this does not assure you of a scholarship as there are requirements.*

