**Preferred**

 Mon. Tues. Wed.

Fall Spring Summer 201

**Registration Form**

Name:                                                                       Birthday:

Age:          Current school grade:            School:

Teacher (s):

**3**

**Services Desired** (*check all that apply*)

**2**

**Student Information**

Parent Name:

Address:

City/ State/ Zip:                                                     Email:

Home contact: ( )                                           Cell: ( )

\***Person responsible for tutoring payments**:

Address:

Home contact: ( )                                           Cell: ( )

**1**

**Family / Payment Information**



Date received:                                                                    Applicant status:        NEW        RETURNING

Prepayment of: $                       Payment done in:        CASH Pay Pal          CHECK #

Date service(s) began:                                                                   Date service(s) ended:

Reason for ending service:

Saturday

 2:00 – 4:00 PM

Evenings

 5:00 – 8:00 PM

Afternoons

 2:00 – 4:00 PM

K – 3 grade tutoring: (*circle all that apply*) **READING MATH WRITING**

iLEAP / LEAP (*circle all that apply*) **ACCELERATION REMEDIATION** (# of days: 1 2 3 )

Writing instruction: (*circle all that apply*) **BASIC INTERMEDIATE ADVANCED**

Home Schooling (*circle all that apply*) **CONSULTATION TESTING TRAINING**

**Administrative use only**

 Thurs. First available

**Preferred Day** (*check one*)\*

**Preferred Time** (*check one*)\*

Study Skills (*circle all that apply*) **ELEMENTARY JR. HIGH SR. HIGH**

**4**

4 – 8 grade tutoring: (*circle all that apply*) **READING MATH WRITING**

Skills maintenance: (*circle all that apply*) **READING MATH WRITING**