



# STUDENT INFORMATION

CHILD NAME:

DATE OF BIRTH:

HOME ADDRESS:

ALT. ADDRESS:

HOME PHONE:

CELL PHONE:

**INSERT  
STUDENT  
PHOTO  
HERE**

ALLERGIES:

MEDICATIONS:

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:

- ADD    AUTISM    DYSLEXIA    IEP or 504    OTHER  
 AUDITORY PROCESSING DISORDER

EMERGENCY CONTACT:

PHONE:

## MOTHERS INFORMATION

NAME:

OCCUPATION:

CELL PHONE:

E-MAIL:

## FATHERS INFORMATION

NAME:

OCCUPATION:

CELL PHONE:

E-MAIL:



# EDUCATION INFORMATION

TEACHER NAME:

GRADE:

TEACHER EMAIL:

PHONE:

SUBJECTS YOUR CHILD NEEDS HELP WITH:

DO YOU HAVE ANY OTHER COMMENTS?



# PAYMENT POLICY

## TERMS AND CONDITIONS

Giving your child the opportunity to learn in a tutoring session is very important to me. Your child should be on time to each tutoring session to allow us as much time as possible for them to get the help they need.

In the event that you or your child is running late, please call me immediately. Time lost will not be made up during that time. For example, if the session begins at 3:00 PM and your child is 15 minutes late, the tutoring session will still end at 4:00 PM. If you are running more than a half-hour late, do not come to the tutoring session. Sessions that are missed without a phone call will not be allowed a Make-up session or be refunded of that money.

Payment is due at the first session of each month. If your child is beginning tutoring sessions in the middle of the month, the amount charged will be pro-rated. Payment for subsequent tutoring sessions will always be due at the beginning of the next month.

If payment is not made at the first session of every month, then your child will not be able to come to tutoring until the payment is made.

TUTORING RATE	
<b>SESSION COST:</b> \$ _____	per _____

By typing your name below, you are agreeing to the above terms.

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PARENT E-SIGNATURE

-----  
DATE



# SICK POLICY

## WHAT HAPPENS IF MY CHILD IS SICK?

Your child's health is a matter of major importance to me. To that end, all children attending tutoring sessions with me should be free of contagious diseases, and all immunization records are to be in good standing. Children who have a fever, cough, or infection (throat, ear, eye, etc.) should not be brought to tutoring sessions. Any child with obvious signs of illness will not be allowed to attend tutoring sessions.

## WHEN SHOULD I KEEP THEM HOME?

- ❑ Your child has begun taking antibiotics in the last twelve (12) hours.
- ❑ Your child has a constant cough.
- ❑ Your child has symptoms of possible communicable disease, including but not limited to sniffles, reddened eyes, sore throat, headache, abdominal pain, and fever.
- ❑ Your child had a rash, diarrhea, or vomiting during the previous twenty-four (24) hour period.

## WHAT HAPPENS IF MY CHILD MISSES THEIR SESSION?

Please notify me immediately if your child will not be attending tutoring due to an illness. Make-up tutoring sessions will be made available for your child. Parents also may choose to skip a Make-up session and have a pro-rated session the following month. In the event that I am ill, I will notify you as soon as possible and arrange for Make-up tutoring sessions. When a child has been absent due to illness, he/she should not return to tutoring until he/she has been without a fever for at least twenty-four (24) hours.

By typing your name below, you are agreeing to the above terms.

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PARENT E-SIGNATURE

-----  
DATE



# LATE POLICY

## WHAT HAPPENS IF MY CHILD IS LATE?

Giving your child the opportunity to learn in a tutoring session is very important to me. Your child should be on time to each tutoring session to allow us as much time as possible for them to get the help they need.

In the event that you or your child is running late, please notify me immediately.

## WHEN SHOULD I KEEP THEM HOME?

- ❑ If you are running more than a half-hour late, do not come to the tutoring session.

## CAN MY CHILD MAKE-UP THE MISSED SESSION?

If you are able to contact me at least 3 hours prior to our scheduled session, a make-up session or refund may be possible depending on the circumstances of the time conflict. Sessions that are missed without a phone call will not be allowed a make-up session or be refunded of that money.

If your child arrives late, the amount of time that is lost will not be made up during that session. For example, if the session begins at 3:00 PM and your child is 15 minutes late, the tutoring session will still end at 4:00 PM.

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By typing your name below, you are agreeing to the above terms.

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PARENT E-SIGNATURE

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DATE



# PHOTOGRAPHY RELEASE

I, the undersigned, do hereby consent and agree that \_\_\_\_\_, of \_\_\_\_\_ has the right to take photographs, videotape, or make digital recordings of my child attending tutoring and to use these materials in any and all media, now or hereafter known, and exclusively for the purpose of the education and promotion of their tutoring services. Names and identities will be protected. I do hereby release to \_\_\_\_\_, all rights to exhibit this work in print and electronic form publicly or privately. I understand that there will be no financial or other remuneration for recording my children, either for initial or subsequent transmission or playback.

I also understand that \_\_\_\_\_ will do everything in his/her power to protect the identity of my child such as covering their face or only taking photographs of my child's hands. The resulting media will most likely be shared in blog posts and social media.

I represent that I am legal guardian of the child attending tutoring, I have read and understand the foregoing statement, and am competent to execute this agreement. By typing my name below, I have agreed to the above statements.

By typing your name below, you are agreeing to the above terms.

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CHILD'S NAME

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PARENT E-SIGNATURE

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DATE



# STUDENT RECORDS RELEASE

Parent Name  
Street Address  
City, ST ZIP Code  
Date

School Name  
Principal Name  
Street Address  
City, ST ZIP Code

Dear (Principal Name):

RE: Student Records Request for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
STUDENT NAME D.O.B. TEACHER

I am writing to formally request that all educational documents that are in your possession to be released to (tutor name, of business name). We have hired (tutor name) to tutor our (son/daughter) in (subject). We also hereby give permission for (tutor name) to contact school officials in regard to the progress of our (son/daughter) in (subject).

Please place this letter in (student's name) school file for your records. You can contact my child's tutor via the information below.

Sincerely,