

# Tutoring & Test Prep Registration

## Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address \_\_\_\_\_

Grade Level 2026-2027 School Year: \_\_\_\_\_ School Attended: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Contact Method:  Phone  Email

## Emergency Contact (other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

## Program Selection

(Select all that apply)

- |  |              |
|--|--------------|
| <input type="checkbox"/> Private Tutoring                | \$55/session |
| <input type="checkbox"/> Small Group Tutoring            | \$40/session |
| <input type="checkbox"/> PSAT Prep (June 1-12, 8am-10am) | \$800        |
| <input type="checkbox"/> SAT Prep (June 15-26, 8am-10am) | \$800        |
| <input type="checkbox"/> ACT Prep (June 15-26, 8am-10am) | \$800        |



**Academic Needs** Current challenges or goals for tutoring:

**Medical or Learning Considerations** (e.g., ADHD, dyslexia, etc...)

**Tutoring Schedule Preferences** Preferred Days:  Mon  Tue  Wed  Thu  Fri

Preferred Number of sessions per week \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

**Agreement & Consent** I understand the program structure, policies, and fees. I agree to enroll my child in the selected program(s).



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

For Office Use Only \_\_\_\_\_