



**Check-off if your child needs attention with any of the following:**

hearing: \_\_\_\_\_ speech: \_\_\_\_\_ occupational therapy: \_\_\_\_\_ vision: \_\_\_\_\_ other: \_\_\_\_\_  
Does student wear eyeglasses or hearing aid? (specify): \_\_\_\_\_

**Indicate student’s personality traits (optional).** Example: well-behaved, responsible, quiet, introverted, outgoing, fearful, friendly, aggressive, self-assured, troubled, etc.

List any special instructions regarding eating habits, toileting or other areas of concern: \_\_\_\_\_

Is the student currently enrolled in an ESE Program at his/her school:  yes  no

Does the student take any Gifted classes:  yes  no

**Check off subjects or programs that you are registering your child for:**

<input type="checkbox"/> <b>One-to-One VIP TUTORING - \$45.00/hr.</b> <input type="checkbox"/> <b>Small Group TUTORING (max. 3-to-1) - \$30.00/hr. *</b> <input type="checkbox"/> <b>HOMEWORK HELP (max. of 4-to-1) - \$22.00/hr. *</b> <input type="checkbox"/> <b>AFTER-SCHOOL CLUB (max. of 5-to-1) *</b> <b>\$25.00/day or \$100.00 per month paid if in advance.</b>  <b>ANNUAL REGISTRATION FEE.....\$50.00</b>  <i>* Note: Groups require two or more students for these rates. Otherwise, one-to-one rate will apply.</i>	<b>Subject Areas that need reinforcement:</b> <input type="checkbox"/> <b>Math</b> <input type="checkbox"/> <b>Reading (fluency/comprehension)</b> <input type="checkbox"/> <b>Writing (Creative or Handwriting)</b> <input type="checkbox"/> <b>Phonics</b> <input type="checkbox"/> <b>Vocabulary</b> <input type="checkbox"/> <b>Grammar</b> <input type="checkbox"/> <b>FCAT Preparation</b> <input type="checkbox"/> <b>SAT/SSAT Prep.</b> <input type="checkbox"/> <b>Study Skills</b> <input type="checkbox"/> <b>Spanish or Hebrew</b>  <b>Other:</b> _____  <b>Notes:</b> _____
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**AGREEMENT/DISCLAIMER**

I/we have read all of the above and have filled out the questions truthfully and to the best of our ability. I understand my child will be expected to behave responsibly and appropriately at all times and that if my child harasses, threatens, vandalizes or creates a disturbance at the Center, he/she may not be allowed to receive services.

I hereby give permission for my child’s picture(s) to appear in the Center’s website, public videos/films and/or brochures and publications. I give permission for my child to use the computer and access the Internet however, I understand that my child will not be allowed to download internet programs or access sites such as My Space, Facebook, Twitter or other interactive sites or sites that are deemed inappropriate. I hereby authorize The Learning Link Tutoring Center to communicate with my child’s teacher if necessary

**I understand that fees are due WEEKLY or MONTHLY IN ADVANCE.** I hereby understand that unless a session is cancelled with a MINIMUM 24 HOUR NOTICE, there will be a **\$25.00 NO SHOW FEE. NO REFUNDS will be made** for days absent or tardy. Time will not be credited when a child arrives late to a scheduled session. A penalty of **\$35.00** must be paid for all **checks returned by the Bank.** I understand that rates do not include accident or liability insurance of any kind.

**DISCLAIMER:** I understand that although every effort will be made for my child to make numerus academic gains, tutoring services cannot guarantee school acceptance, grade promotions, school grade improvements, FCAT or other standardized test passing. I understand that The Learning Link Tutoring Center, Inc. its Owner/Director, employees or volunteers will NOT be liable for any accidents or incidents that may occur in or around the center property.

\_\_\_\_\_ \$50.00 ANNUAL REGISTRATION FEE PAID. Check # \_\_\_\_\_ Cash: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Legal Guardian

Date: \_\_\_\_\_