



ACADEMIC TUTORING PROGRAM STUDENT APPLICATION

Today's Date: _____

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____ Age: _____

Sex: Female Male

Home Address: _____

City: _____, State: _____ Zip Code: _____

Student's E-mail Address: _____

Home Phone: _____ Student's Cell: _____

What subjects does your child need help with?

- | | | | |
|----------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Math | <input type="checkbox"/> English | <input type="checkbox"/> Science | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Reading | <input type="checkbox"/> History | <input type="checkbox"/> Chemistry | <input type="checkbox"/> SAT/ACT Prep |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Social Studies | <input type="checkbox"/> CRCT Prep |

NOTES: _____

TEACHER INFORMATION

Teacher's Name: _____

Email: _____ Contact Phone: _____

Teacher's Name: _____

Email: _____ Contact Phone: _____

PARENT INFORMATION

Mother/Guardian's Name: _____

Home Address

(If different from student's): _____

City: _____, State: _____ Zip Code: _____

Mom's Cell Phone: _____ Email: _____

Employer's Name: _____ Work Phone: _____

Employer's Address: _____

City: _____, State: _____ Zip Code: _____

Father/Guardian's Name: _____

Home Address

(If different from student's): _____

City: _____, State: _____ Zip Code: _____

Dad's Cell Phone: _____ Email: _____

Employer's Name: _____ Work Phone: _____

Employer's Address: _____

City: _____, State: _____ Zip Code: _____

AUTHORIZED FOR PICK-UP

Please list below anyone who is authorized to pick up your child. Note that Brainworks Learning Lab will only release students to authorized persons on this list.

NAME	RELATIONSHIP	PHONE NUMBER

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Please indicate below any medical condition, allergy, etc that your child may have:

STUDENT NEEDS EVALUATION

Brainworks Learning Lab does not offer tutoring sessions for every subject every day. Classes are based on space and instructor availability as well as demand. The following questions will give us a guideline as to your preferences to meet your schedule but in no way a guaranteed session.

Please indicate below all of the days and times your child is available for tutoring (*Check All That Apply*). Rank each day 1-6 to indicate your 1st Choice, 2nd Choice, etc:

RANK	Day	3PM	4PM	5PM	6PM	7PM
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		9AM	10AM	11AM		
	Saturday					

Please indicate the type of sessions you prefer:

Private (One on One) Small Group (2-6 Students)

Would you be interested in any of the follow?

College Prep Counseling Academic Summer Camps Supervised Homework Help

Emails Concerning
Upcoming Events and Specials



FEES PAYABLE TO BRAINWORKS LEARNING LAB

Fees shall be calculated at a rate of \$_____ per hour of instruction, per subject covered. No additional fees shall be charged for materials, books, software, etc. unless agreed to prior or given consent in writing by the parent.

A one time application fee of \$_____ will be charged in for testing and placement evaluation.

Additional testing fees may be charged as subjects are added to your child's schedule. These charges will be determined based on the costs associated with the tests and needs for additional study materials.

CANCELLATION OR RESCHEDULING OF SESSIONS BY CLIENT

Tutoring services can only be canceled by the parents or responsible party and must be done in writing no later than the 15th of the prior month. Otherwise, you will be billed in full for the upcoming month.

Your child's space is reserved with expectation that they will participate in their scheduled session. Non-participation or "No Shows" for any reason are not transferable or refundable. If your child is sick at the time of his/her session or prior arrangements have been made with the management of Brainworks Learning Lab, make-ups are available on a "space available" basis. If no other class time is available, the fee for that session is forfeited.

Payment is due each month regardless of attendance. Any and all fees paid are for services rendered and considered Non-Refundable. Extenuating circumstances need to be addressed with management.

CANCELLATION OR RESCHEDULING OF SESSIONS BY BRAINWORKS

It is not the intent of Brainworks Learning Lab to make changes to the structure of the child or tutoring schedule. However, in some cases it may be necessary that sessions be canceled or rescheduled. These include but are not limited to sickness of staff, death, inclement weather, or any other reason which prohibits classes from being taught. Brainworks Learning Lab may cancel lessons by giving 24 hours prior notice to the parent, in which case no fees shall be incurred. The session may be rescheduled to a suitable time for all parties or a credit for the session shall be issued for use the following month.

If a change in schedule is needed due to conflicts on part of Brainworks Learning Lab, we will try to accommodate the change based on space or instructor availability. Every effort will be made to retain your child in this valuable program. However, due to time, space, and instructor availability, we may not be able to accommodate. If sessions can not be continued due to rescheduling done on the part of Brainworks Learning Lab, the client shall be released from their contract for that subject without penalty.

SCHEDULE OF SESSIONS

Student will be tested for placement on _____ , _____ .
(Day of Week) (Date)

Student begins instruction for the following schedule beginning on _____ , _____ .
(Date) (Day of Week)

NOTE: Schedule is subject to change based on test results and availability.

SUBJECT	DAY OF WEEK	START TIME	RATE PER SESSION	INSTRUCTOR'S NAME

PAYMENT

Payment shall be made monthly on the 25th of the prior month. First months fees will be prorated by the number of sessions remaining in that month. Automatic payment is strongly recommended.

Payments by check are accepted. A Late Fee of \$15 will be charged for any payments not made prior to the first day of each month. Services may be refused if payment is not made.

Accepted methods of payment:

Credit/Debit Card

Card Type: Visa MasterCard Discover

Card Number: _____ Expiration: _____

Name on Card: _____ 3 Digit Security Code: _____

Check

Bank Draft *(Requires a Voided Check)*

Other _____

I agree to pay \$ _____ per session, times the number of sessions per month (4 or 5 depending) for instruction beginning the date and time shown above.

Amount paid today to include first months fees and application fee \$ _____.

Name of person responsible for the payment of fees: _____
(Print)

Signature: _____ Date: _____

OBLIGATIONS OF BRAINWORKS LEARNING LAB

- Brainworks Learning Lab will prepare lessons, and assignments to optimize time to the benefit of the Student.
- Sessions will only be taught by certified teachers unless otherwise notified.
- Brainworks Learning Lab shall keep confidential all information obtained by the child's teachers and/or school. Information will only be shared with parents, guardians, or teachers for subjects the child is receiving tutoring in. Any other recipient must be approved in writing by the parents or guardians.
- Since tutoring sessions are small group, help for or review of the Student's homework or assignments given by their school are not part of the instructional time. If this is needed, help with homework and/or private tutoring sessions are offered and may be contracted separately.

OBLIGATIONS OF THE STUDENT

- The Student undertakes to assist the instructor in identifying problem areas in which the Student needs specific tutoring.
- Assignments, exercises or homework are an integral part of tutoring. The Student agrees to complete or make effort to complete all assignments given by both the instructor and school teacher.
- The Student will be prepared for each tutoring session and have all materials ready by the beginning of each session.
- Please have your student use the restroom prior to their tutoring session. There are NO restrooms within our facility, and students would have to use the public restroom down the hall and around the corner past Brooks & Company. We are not adequately staffed to accompany students to and from the restroom; therefore, Brainworks Learning Lab cannot be responsible for students who leave to use the restroom.
- No food or drinks allowed inside Brainworks Learning Lab facility.
- Brainworks Learning Lab reserves the right to dismiss any student who displays inappropriate behavior or is a distraction to the other students. Repeated inappropriate behavior or severely inappropriate behavior may be the grounds for dismissal and refusal of services.

NO WARRANTIES

Brainworks Learning Lab makes no promises or warranties with regards to a Student's performance as a result of any tutoring provided.

STATUS OF THE INSTRUCTOR

Instructors are employees of Brainworks Learning Lab and their mission is to address the student's academic needs only. Our instructor's are not to be used as advocates for your child with their teachers, the school they are attending, or for any purpose other than instruction. All questions as to billing, payments, or other services should be directed to the management of Brainworks Learning Lab and not to the instructor.

TERMINATION

This tutoring contract may be terminated by either party at any time. However, students must provide 15 days written notice prior to canceling this contract.

I, the undersigned, have read and agree to all of the terms, policies, procedures shown above.

Parent/Guardian Signature: _____ Date: _____