

THE MATH DEPOT

2336 Main Street Tucker, GA 30084 (404) 246 – 5367

REGISTRATION FORM FALL 2025

www.TheMathDepot.com learn@themathdepot.com

STUDENT INFORMATION

LAST NAME	FIRST NAME	E MIDDLE NAME			GENDER DATE OF BIRTH AGE			AGE	
ADDRESS		CITY		STATE	ZIP	CODE			
PARENT / GUARDIAN'S NAME			E-MAIL						
HOME PHONE MOBILE PHONE		ONE	WORK PHONE						
PARENT / GUARDIAN'S NAME			E-MAIL						
HOME PHONE	MORII E DH	MOBILE PHONE			WORK PHONE				
		ONE							
EMERGENCY CONTACT			RELATIONSHIP F		PHONE NUMBER(S)				
EMERGENCY CONTACT			RELATIONSHIP P		PHONE NUMBER(S)				
*ONLY THE PEOPLE LISTED ABOVE ARE AUTHORIZED FOR STUDENT PICK-UP.									
SCHOOL INFORMATION									
SCHOOL					DISTRICT		١	RADE	
ACADEMIC STRENGTHS			ACADEMIC WEAKNESSESS						
OTHER CONCERNS			SPECIAL PROGRAMS / SERVICES						
MEDICAL INFORMATION									
MEDICAL CONDITIONS MEDICATIONS									
FOOD ALLERGIES			OTHER ALLERGIES						
PHYSICIAN'S NAME	ADDRESS	ADDRESS			PHONE NUMBER				
HOSPITAL'S NAME	ADDRESS	ADDRESS			PHONE NUMBER				
HEALTH INSURANCE	MEMBER IC	MEMBER ID			GROUP NUMBER				
I have listed all medical conditions and allergies of my child above. I authorize The Math Depot staff to obtain any medical treatment necessary for my child in case of illness, injury, or accident. I give the staff permission to contact my child's physician / hospital if I cannot be reached. I also give permission for the staff to contact 911 if there is an emergency. I agree to pay for all the treatment that is provided and obtained. I, my heirs, executors, and administrators also release The Math Depot and its staff from any and all liability, loss, cost, claim, and damages that may arise from any incident, injury, and accident involving my child. Parent / Guardian's Name Parent / Guardian's Signature Date									

THE MATH DEPOT TERMS AND CONDITIONS

REGISTRATION

All students are required to pay a non-refundable registration fee of \$25 and have a complete registration form on file. Parents / guardians must notify The Math Depot of any changes, such as phone numbers, emergency contacts, etc.

TUITION and FEES

All tuition and fees are due prior to any services being rendered. All programs and sessions must be scheduled and are by appointment only. Reservations cannot be guaranteed, and services must be paid for in advance in order to secure the space. Drop-ins are allowed based on availability. A 24-hour notice must be given to cancel and reschedule any sessions. Tuition and fees are non-refundable, but can be applied as a credit in the student's account.

Payments can be made by:

- (1) cash
- (2) check or money order—a \$35 fee will be assessed for any returned checks
- (3) credit card (+3% fee)
- (4) mobile payment app

Venmo @TheMathDepot

PayPal learn@themathdepot.com (+3% fee)

Zelle (404) 246 - 5367

Private Sessions:

Monthly Tuition

Online \$ 250 / month (4 sessions)

In Person (In Office) \$ 300 / month (4 sessions)

In Person (At Home) \$400 / month (4 sessions)

In Person (At Home >5 miles) \$500 / month (4 sessions)

Hourly Tuition

Online \$ 65 / hour

In Person (In Office) \$ 80 / hour In Person (At Home) \$ 105 / hour

In Person (At Home >5 miles) \$ 130 / hour

Small Group Sessions:

Monthly Tuition

In Person (In Office) \$ 110 / month (4 sessions)

Hourly Tuition

In Person (In Office) \$ 30 / hour

STUDENT ARRIVAL and PICK-UP (In Person Services)

Students are to be brought to and picked up from The Math Depot by a parent or guardian listed on the registration form. All students must be signed-in and out by their parent / guardian for each day. Only the people listed on the student information form will be allowed to pick-up the child. A picture ID will be required. If someone other than those listed will be picking up the child, the parent / guardian must notify the center in writing. A fee of \$5 for every 10 minutes will be charged for any student that is not picked up by the end of each program or session. The Department of Family and Children Services will be contacted for any child that is not picked up an hour after the session or program ends.

STUDENT ACTIVITY PARTICIPATION

I give my child permission to participate in and attend the various activities and experiences provided by The Math Depot. I will notify the center in writing if my child is unable to participate in any given activity.

STUDENT BEHAVIOR

All students are required to exhibit positive behavior at all times. A student will receive a warning for the first offense. Parents will be notified with the second incidence. A parent conference will be necessary to continue in any of the programs for any subsequent incidents.

PHOTOGRAPHS and VIDEOS

I give The Math Depot permission to photograph and videotape my child while participating in any of the provided programs and activities. I understand that the photographs and videos may be used by The Math Depot for the center's website and social media pages, newsletters, flyers, brochures, and albums, in both print and digital form.

PERSONAL PROPERTY (In Person Services)

Students are allowed to bring their own personal items, including electronic devices, such as laptops, tablets, smartphones, accessories, etc., and are responsible for their proper care. The Math Depot will not be held responsible for any damage or loss of any personal item and / or electronic device. Students are expected to use any of the equipment for appropriate activities, and to not cause a disruption to other students or to the program.

EMERGENCIES

I have provided The Math Depot with current contact information for any emergencies that may arise. I authorize The Math Depot staff to obtain any medical treatment necessary for my child in case of illness, injury, or accident. I give the staff permission to contact my child's physician / hospital if I cannot be reached. I also give permission for the staff to contact 911 if there is an emergency. I agree to pay for all the treatment that is provided and obtained.

LIABILITY

Date

The Math Depot and its staff are not responsible and will not be held liable for any and all losses, costs, claims and damages that may arise from any incident, injury, or accident that occurs on and off the premises, prior to, during, and / or after any and all services provided by The Math Depot.

THE INFORMATION I HAVE PROVIDED ON THE STUDENT REGISTRATION FORM IS COMPLETE AND ACCURATE. I HAVE READ AND AM IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS FOR THE MATH DEPOT AS LISTED ABOVE. I RELEASE THE MATH DEPOT AND ITS STAFF FROM LIABILITY FOR ANY AND ALL LOSSES, COSTS, CLAIMS, AND DAMAGES THAT MAY ARISE FROM ANY INCIDENT, INJURY, OR ACCIDENT THAT OCCURS ON AND OFF THE PREMISES, PRIOR TO, DURING, AND / OR AFTER ANY AND ALL SERVICES PROVIDED BY THE MATH DEPOT.

Student's Name	Parent /Guardian's Nar	arent /Guardian's Name					
Address							
Phone Number	Parent / Guardian's Signature	Date					
THE MATH DEPOT BRIGHT FROM THE START NOTICE OF EXEMPTION							
I,, acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.							
Parent /Guardian's Name							
Parent / Guardian's Signature							