



# THE MATH DEPOT

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

REGISTRATION FORM  
SY 2023 – 2024

www.TheMathDepot.com  
learn@themathdepot.com

### STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DATE OF BIRTH	AGE
ADDRESS			CITY	STATE	ZIP CODE
PARENT / GUARDIAN'S NAME		E-MAIL			
HOME PHONE	MOBILE PHONE		WORK PHONE		
PARENT / GUARDIAN'S NAME		E-MAIL			
HOME PHONE	MOBILE PHONE		WORK PHONE		
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER(S)		
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER(S)		
*ONLY THE PEOPLE LISTED ABOVE ARE AUTHORIZED FOR STUDENT PICK-UP.					

### SCHOOL INFORMATION

SCHOOL	DISTRICT	GRADE
ACADEMIC STRENGTHS	ACADEMIC WEAKNESSES	
OTHER CONCERNS	SPECIAL PROGRAMS / SERVICES	

### MEDICAL INFORMATION

MEDICAL CONDITIONS	MEDICATIONS	
FOOD ALLERGIES	OTHER ALLERGIES	
PHYSICIAN'S NAME	ADDRESS	PHONE NUMBER
HOSPITAL'S NAME	ADDRESS	PHONE NUMBER
HEALTH INSURANCE	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. Students that are absent due to sickness, vacation, etc. must pay half the daily / weekly / monthly rate to hold their space in the attended program.

**Math Tutorial and Test Preparation**

*Private Sessions (In Person or Online)*

Grades PK-12 and Adults

Monday – Friday, 6 pm – 10 pm and Saturday – Sunday, open availability

MONTHLY TUITION: \$ 200 (4 one-hour sessions -- \$ 50 / hour)

Or \$ 360 (8 one-hour sessions -- \$ 45 / hour)

DAILY DROP-IN: \$ 75 (1 one-hour session)

*Small Group Sessions (In Person)*

Grades PK-12 and Adults

Monday – Friday, 6 pm – 10 pm and Saturday – Sunday, open availability

MONTHLY TUITION: \$ 120 (4 one-hour sessions -- \$ 30 / hour)

Or \$ 200 (8 one-hour sessions -- \$ 25 / hour)

DAILY DROP-IN: \$ 40 (1 one-hour session)

**Afterschool Enrichment Program**

Grades PK – 5

Monday – Friday, 2 pm – 6 pm

WEEKLY TUITION: \$ 75

DAILY DROP-IN: \$ 100 / month (1 day / week – 4 weeks -- \$ 25 / day)

**Study Hall Program**

Grades 6 – 12

**Day Camp—Holidays, School Breaks, Summer Camp**

Grades PK – 8

Monday – Friday, 8 am – 6 pm

WEEKLY TUITION: \$ 250

DAILY DROP-IN: \$ 75

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  
Zelle (404) 246 - 5367  
PayPal learn@themathdepot.com (+3% fee)

**STUDENT ARRIVAL and PICK-UP**

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.

FIELD TRIPS

I give my child permission to attend field trips provided by The Math Depot. I will notify the center in writing if my child has any restrictions or limitations that prevent him / her in participating in any of the activities or trips.

STUDENT TRANSPORTATION

I give The Math Depot permission to transport my child to and from the center to receive the services provided. I also give The Math Depot permission to transport my child to and from various locations for field trips and activities.

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.

PERSONAL PROPERTY

Students are allowed to bring their own 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 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.

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.

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

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 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\_\_\_\_\_

Date\_\_\_\_\_