



Hourly Tutoring Registration Form

Complete this registration form and return to Sabrina Adolphin. We are committed to providing excellent customer service. Please call us at (561)702-2987 if you have any questions or concerns about our tutoring program. We appreciate your business.

TERMS AND CONDITIONS

1. Our current billing rates for subject tutoring can be found on website: www.Incrediblescholars.com
2. All payments are to be made payable to Incredible Scholars LLC.
3. Incredible Scholars LLC will charge a fee of \$25.00 for all returned checks.
4. A parent or other adult 18yrs or older must be present during at-home tutoring sessions.
5. The client shall notify Incredible Scholars LLC of any cancellation at least 24 hours in advance. Failure to notify Incredible Scholars LLC of a cancellation will result in a fee equal to an hour of service. Any session canceled with more than 24hrs notice will be rescheduled, without penalty.

Student Name: _____ **Age:** _____ **Date of birth:** _____

Student Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Grade Level: _____ **School:** _____

Academic Subjects student needs help: _____

Primary Parent/Guardian Name: _____ **Cell:** _____

Please list one additional authorized person to pick up your child (must be 18 or over):

Authorized Person's Name: _____ **Cell:** _____

Relationship to child: _____

I have read and I fully accept the terms and conditions concerning Incredible Scholars LLC Tutoring and Mentoring program. I understand that I am volunteering to enroll my child in INCREDIBLE Scholars LLC tutoring program and understand that by doing so does not guarantee any positive results in my child's (reading, writing, math grades or test scores). I understand that this is also a release of Liability, Waiver of all possible claims and assumption of risk, made by me, the undersigned Releaser, on my behalf and on the behalf of my child (if Releaser is under 18 years of age), to Incredible Scholars LLC and its individuals participating in tutoring sessions offered by this organization. I hereby agree as follows: To waive all claims that I have or may, in the future, against Incredible Scholars LLC and its staff.

Parent/Legal Guardian Signature: _____ **Date** _____