

AIM Learning Center and Academy Tutoring Application

Date of Application: _____

Parent Name: _____
(First and Last name)

Current Address: _____
(Street City, State Zip Code)

Phone Number: _____ E-mail Address: _____

Preferred Method of Contact: Call _____ Text _____ Email _____

Service Needed (Check one or both): Reading _____ Math _____

Preferred Tutoring Day(s):

- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays
- ☐ Sundays

Preferred Tutoring Time:
Morning:
Afternoon:

Additional Notes:

AIM Learning Center and Academy

Tutoring Contract

Thank you so much for trusting AIM Learning Center and Academy to provide tutoring services for your child. We look forward to working together and helping your child(ren) reach his/ her maximum potential as a lifelong learner.

I give permission for _____ to be tutored in math and/or reading (circle one or both) by AIM Learning Center and Academy.

Parent/Guardian (Print)

Date

Parent/Guardian (Signature)

Initial each box verifying you have read and understand the terms of this agreement.

☐ I give permission for assigned tutor to contact my child's teacher in order to collaborate with the teacher on the best way to help my child.

Teacher Name: _____ E-mail: _____

District: _____ School: _____

☐ I agree to pay tutoring tuition by the 3rd of every month. Payments will be made electronically through PayPal or Zelle (AutoPay is an option).

☐ No refunds will be given if a session is missed (every effort will be made to reschedule).

☐ To end services, you have to give 30-day notice in writing to be submitted no later than the 3rd.

☐ I understand tutoring sessions will be held on _____ at _____ o'clock each week.

☐ I agree to drop off and pick up my child on time. There will be an additional charge of \$25.00 for every 30 minutes late.

☐ I plan to support and encourage my child's progress at home by participating in any math and literacy activities that are sent home.