

Tutoring Contract

Thank you for allowing Elevate Enrichment Center to partner with you by tutoring your child. We look forward to working together and helping your child reach his/her maximum potential.

Child's Name	Age	Grade
Parent/Guardian Names		
Phone Email		
Medical Conditions/Allergies		
Please briefly explain what subjects	s/skills your student needs ex	xtra support in:
Please initial each line to acknow statements:	/ledge you have read and a	agree to the following
I understand that payment for Center in advance in blocks of for sessions.		
I understand that cancellations these cases, the session may be Cancellations made in two hours closing that session in the block of p	made up and/or credited to or less, or not showing for a	the block of sessions.
I understand that tutoring sess to drop off and pick up my child on ti that may be receiving our service Enrichment during your student's s	me. Due to privacy issues con s, we ask that parents do n	cerning other students
Tutor assigned:		
Dates of tutoring services:		