



My Tutor Learning Center and the parent or guardian of _____ agrees to the following:

1. A registration fee of **\$50.00** is required to register a student.
This fee is not refundable.
2. Sessions are offered twice a week at an agreed upon time with the tutor. The cost of \$40.00 per tutoring hour is based on two (2) hours per week. Each session is limited to no more two students per tutor. My Tutor highly recommends the student be tutored two (2) times a week for consistency and reinforcement.
3. All tutoring sessions will be conducted at My Tutor's location 4212 North Belt West, Belleville, IL 62226. Students under 13 years of age must be accompanied into, and picked up from, the center by a parent, guardian, or designated individual. When the student is to be picked up by someone else, My Tutor must be notified when the student arrives.
4. My Tutor Learning Center takes pride in providing quality education for students. Cooperation and communication are necessary for success, so please feel free to contact us at any time with questions that you may have.
5. My Tutor payment plans:
 - 5 weeks for **\$400.00** (10 sessions @ \$40.00 per hour)
 - Please pay **\$150.00** on the day of the first tutoring session; the remaining **\$200.00** is due by the 5th tutoring session. If the balance is not paid by the 5th session, tutoring will be **terminated**.
 - Payments may be made with cash, check or credit card.
 - Those who pay in full at the time of registration will receive a 10% discount.
6. My Tutor believes success is based on consistency and determination therefore **regular attendance is required**. Missed sessions must be rescheduled prior to the next session and upon the availability of the tutor. Unexcused sessions will be charged.
7. Should this account become delinquent and require collection, you will be responsible for our related costs.

Please sign and return with a \$50.00 deposit and an appointment will be made to schedule your child and discuss the education plan.

Student's Name: _____

Student's School: _____

Student's Date of Birth: _____ Grade: _____

Area of Concern: _____

Parent/Guardian Signature

Date: _____

_____ My Tutor has permission to contact my child's teacher to obtain academic information to assist in tutoring.

Billing Information:

Parent or Guardian: _____

Address: _____

City, State, Zip _____

Phone #(s): (H) _____ (W) _____ (C) _____

- I am interested in discussing financing
- I will make monthly payments to My Tutor Learning Center

Credit Card information is required.

Visa/MasterCard/Discover Number _____

Name: _____ Expiration Date: _____

Signature: _____

Thank you for your interest in My Tutor Learning Center.

www.mytutorlearning.com

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Office use only:

Date _____	Deposit _____	Check # _____
Date _____	Payment _____	Check # _____