



# AFTER SCHOOL TUTORING REGISTRATION FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Starting Date: \_\_\_\_\_

**Please check with after school staff for schedule availability and assigned teacher**

**PRIVATE ONE-ON-ONE TUTORING (PK4 and Up)**

- |  |  |
|--|--|
| <input type="checkbox"/> 45 minutes session <b>\$55.00 per session</b> | <input type="checkbox"/> 60 minutes session <b>\$65.00 per session</b> |
| From: <input type="checkbox"/> 4:15PM – 5:00PM                         | From: <input type="checkbox"/> 4:15PM – 5:15PM                         |
| <input type="checkbox"/> 5:00PM – 5:45PM                               |  |

Please select:  Monday  Tuesday  Wednesday  Thursday  Friday  
 Language Arts  Math  Homework  Other: \_\_\_\_\_

Name of the person requesting for this tutoring:  Mother  Father  Other: \_\_\_\_\_

Name of the person responsible for payment: \_\_\_\_\_

Tutoring sessions are billed to the parents at the end of each month. Please be advised that after submitting the registration form, the after school staff will contact you within the next 48 hours with your child's schedule and tutor information. **CANCELLATION POLICY:** Parents must send a written notice via email at [afterschool@keypointschools.com](mailto:afterschool@keypointschools.com) informing us of your child's tutoring absence or withdrawal from the after school tutoring program.

- I do have my Credit Card or ACH on File with Key Point Christian Academy
- I **do not** have my credit on file with Key Point Christian Academy:
- NAME ON THE CARD (Printed) \_\_\_\_\_ Phone # \_\_\_\_\_
- BILLING ADDRESS OF CARD: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- CARD TYPE:  VISA  MASTERCARD  AMERICAN EXPRESS  OTHER: \_\_\_\_\_
- CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

I do authorize Key Point Christian Academy to monthly charge this debit/credit card for the **AFTER SCHOOL PROGRAM** and any other expenses to my card. I also understand a 2.5% handling fee will be charged to my account in addition to my invoice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Assigned teacher: \_\_\_\_\_ Starting date: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_