



AFTER SCHOOL TUTORING REGISTRATION FORM 2019-2020

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Starting Date: \_\_\_\_\_

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

PRIVATE ONE-ON-ONE TUTORING - (Pre-K4 & Up)

45 minutes session \$60.00 (per each session) 60 minutes session \$70.00 (per each session)
From: 4:15 p.m - 5:00 p.m 4:15 p.m - 5:15 p.m
5:00 p.m - 5:45 p.m

How many days per week? Monday Tuesday Wednesday Thursday Friday
Subject: Language Arts Math Science Homework Other: \_\_\_\_\_

Name of the person requesting tutoring: \_\_\_\_\_

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 48 hours with your child's schedule and tutor information.
CANCELLATION POLICY: Parents must send a written notice via email at afterschool@keypointschools.com informing us of your child's tutoring absence or withdrawal from the after school tutoring program.

Card Type AMEX VISA MASTER CARD OTHER \_\_\_\_\_

I do have my Credit Card or ACH authorization form on file with Key Point Christian Academy.

I do not have a credit card on file with Key Point Christian Academy:

Name on the Card \_\_\_\_\_ CVC or Security Code \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I do authorize Key Point Christian Academy at First Miami Presbyterian Church 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:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_