



The Delta Learning Center

A Non Profit Tutoring Organization
EST. 1976

Summer 2017/2017-2018 ENROLLMENT AGREEMENT

A. STUDENT NAME _____ Date of Birth ____/____/____
 Address _____ City _____ Zip _____
 Student lives with: _____ Student's Cell # _____
 Grade (Fall) ____ School _____ Tutoring Subject(s) _____

B. Enrolled By _____ Relationship _____
 Address (if different than above) _____
 City _____ Zip _____ Email Address _____
 PHONE: _____ or _____
 IN CASE OF EMERGENCY:
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

C. PAYMENT FOR SERVICES IS DUE THE FIRST DAY OF EACH MONTH.

I authorize The Delta Learning Center to charge payment to my credit card if payment has not been made by the 2nd of each month.

Authorized Signature _____
 VISA, AMEX, MASTERCARD (Circle one) Card Number _____
 Name (as shown on card) _____ Exp _____ 3 digit code _____
 Billing Address: _____ Billing Zip Code: _____

D. Transportation/Release of Student

A "Safety Form" has been completed indicating my action regarding signing my student in and out. **Y / N**
 Student will drive self to session and has permission to sign in and out. **Y / N**
 Others persons who have permission to sign my student in and out:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

If someone other than the above persons will be picking up the student, a phone call or signed release from the parent/guardian is required.

D. Please add additional background information, including allergies and/or medical conditions.

E. What educational goals would you like to see the student achieve while being tutored at DLC?

F. I HAVE READ AND RECEIVED A COPY OF THE TERMS OF ENROLLMENT. Initial here _____

Tutoring Schedule _____ Teacher _____ Start Date ____/____/____

I acknowledge that I am financially responsible for the fees incurred by this student.

SIGNATURE _____ DATE ____/____/____

03/17