TRINITY CHRISTIAN ACADEMY OF CAPE COD

Contract for Summer Tutoring Services

July 6, 2015 – August 21, 2015

Name of student:_____ Grade : _____

Student's grade in school for 2015-16 : _____

Name(s) of legal parent or guardian: _____

Home Address: _____

_____

Parent's Phone E:Mail Address

_____

Emergency contact info: _____

Allergies or medical needs: _____

FEE AGREEMENT

Tutoring fee is $30 per session (1-Hour).
The parent agrees to pay the tutoring fee in full or at the beginning of each week of tutoring.

CANCELLATION POLICY

You may cancel your tutoring session without penalty up to 24 hours before the scheduled session. However, if you cancel within 24 hours of a session, payment is due in full. More than 2 missed sessions (without notice) may result in your child losing his/her tutoring spot. Please initial that you understand this cancellation policy. _____

To cancel or reschedule an appointment, call or text my cell phone at _____.
You can also email me in advance at _____.

This tutoring agreement may be terminated by either party in accordance with the cancellation policy guidelines above.

I am aware of and agree to the terms of this "Contract for Tutoring Services".

_____ _____

Parent or Guardian Signature Tutor Signature

SUBJECT

(Mrs. Trombi : Grades K-2, Mrs. Durvett : Grades K-2, Mrs. Byrnes : Grades 3-6th, Mrs. Morin : Grades K-6)

MATH_____READING _____WRITING _____LEXIA_____PHONICS_____OTHER _____

DAY OF WEEK

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

PREFERED TIME MORNING _____ AFTERNOON _____