

NEW BEGINNINGS CHRISTIAN FELLOWSHIP

2021 SUMMER TUTORING REGISTRATION

SESSION I: JUNE 7-JUNE 24 SESSION II: JULY 5-JULY 22 | 8:00AM-11:00AM | \$80 WEEKLY

Student's Name: _____ Gender: _____ Date of Birth: _____

Current School (2020-2021): _____ Grade (2021-2022): _____

Student's Address: _____ City: _____ State: _____ Zip Code: _____

1. Parent/Guardian's Name: _____ Phone: _____

2. Parent/Guardian's Name: _____ Phone: _____

Email: _____

*******PLEASE SELECT ATLEAST ONE OR MORE OPTIONS*******

ACADEMIC NEEDS:

Please inform us on anything that may help us to better prepare for your child's session. List the subject/skills that your child needs assistance.

SUMMER READING SUPPORT:

Please list the summer reading book and title that your child will read. We will purchase a copy for the tutor only. Students must bring a personal copy.



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Payment Plan Options

Student's Name: _____

Parent/Guardian's Name: _____

Tutoring is \$80 a week per student.
Each session is \$240 a month.

Please initial next to the plan of your choice.

_____ Plan 1: **Pay In Full:** I will pay \$240 by cash or check at the beginning of the session. My child will
be present Monday through Thursday, every week.

_____ Plan 2: **Pay-As-You Go:** I will pay \$80 by cash or check at the beginning of each week.

New Beginnings Christian Fellowship: Tutoring Policies

Please read and **initial** next to all tutoring policies.

1. _____ I understand that tutoring is Monday through Thursday, starting promptly at 8:00 AM and ending at 11:00AM.
2. _____ I understand that payments are to be made prior to each tutoring session/week.
3. _____ I understand that tutoring cancellations must be made at least 24-hours prior to the day of tutoring. This is necessary to allow time to arrange another assignment for other students and tutors.
4. _____ I understand that if my child needs to cancel due to illness, please notify NBCF as early as possible.
5. _____ I understand that if a tutor must cancel a day, NBCF will contact you.
6. _____ I understand that NBCF will try to contact the family by phone, when my child is 10 minutes late for tutoring. If I have not arrived within 30 minutes of the day, the tutor may leave, unless notified of special circumstances. Should my student arrive late, the session is abbreviated and will end at the regularly scheduled time.
7. _____ I understand that I, as the parent, should be at the church at or before 11:15. I understand that if I am late, a late fee of \$10 will be appointed at the time of pickup. I understand that the tutors have lives, jobs, and other needs that they need to attend to.
8. _____ We ask your permission to use photographs in which your child may appear as a student in any programs or activities of NBCF for publications, brochures, internet, website, and other promotional materials. If you do NOT agree to this, please don't sign.

I have read and agree to abide by the above tutoring policies.

Student's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Thank you for choosing New Beginnings Christian Fellowship for your child's learning needs. Our tutors are highly knowledgeable and will prepare carefully for each tutoring meeting to make sure we are serving you to the best of our ability.