



Tutoring Registration

Parent's name: _____

Student's name: _____

Student's current grade level: _____

Student's date of birth: _____

Tutor Name (if known): _____

Subjects: _____

Method of Service (Zoom/ Address): _____

Phone Number: _____

Email Address: _____

Tell me a about the students current knowledge of the subject{s} they are needing assistance :



I, _____, am the legal guardian of, _____. I agree to pay \$_____ for the sessions provided by Horizons Tutoring LLC. I agree to give Horizons Tutoring LLC. notice of cancellation 24 hours in advance, or I agree to pay the agreed-upon amount of \$15.00. If anyone in my house is sick with a temperature above 100.4, I agree to cancel the in-home tutoring session as soon as I know the child is sick, so I will not be charged. I agree to have my child's attendance at 80% per quarter, or I may be dropped to give the tutor a chance of working with another child. If I do not sign up for the autopay, I agree to pay Horizons Tutoring LLC. a \$25.00 late fee if I do not pay within 15 days. I understand that I will be billed twice per month unless other arrangements have been made in advance. I understand that I have 5 days to look over the invoice in case of any changes that need to be made to the invoice. This way Horizons Tutoring LLC. can start to pay their tutors on the 5th of each month. If you choose to discontinue services 14 day notice is required as we do not provide refunds for services not rendered. However we will work with you over the 14 day period to provide services or other educational materials that are equal to the balance remaining.



Payment Methods:

Pick one:

_____ I prefer to pay with Class Wallet Vendor Pay Horizons Tutoring LLC Florence

_____ I prefer to pay with the ESA debit card on Horizons Tutoring LLC Quickbooks Invoice {Credentials will be provided to upload with your receipt}

_____ I prefer to pay with my personal debit card on Horizons Tutoring LLC Quickbooks Invoice if you are seeking a ESA reimbursement: {Credentials will be provided to upload with your receipt}

_____ I prefer to pay another way: _____ within 5 days of invoice date

Client signature: _____ Date: _____

Tutor Signature: _____ Date: _____



Services Horizons Tutoring will be providing: (please check all that apply)

_____ Pre-K- 12th grade tutoring math, reading, writing, spelling, science, or social studies

\$_____ per week with a set schedule determined by tutor and parent

\$_____ per hour (one-on-one); 2 students in class- \$_____ per student; 3 students in class- \$_____ per student

_____ ASL/Spanish Class- \$_____ per hour (one-one-one); 2 students in class-

\$_____ per student; 3 students in class- \$_____ per student

_____ Music Class (General Music, Music History, Piano, Guitar, Reading Sheet Music

Classes)- \$_____ per hour (one student); 2 students in class- \$_____ per student; 3 students in class- \$_____ per student

_____ Life Skills{financial literacy, cooking, cleaning, sewing, and other activities based

on students needs} \$_____ per session as set forth by parent and tutor (one student); 2 students in class- \$_____ per

student; 3 students in class- \$_____ per student.

_____ Paraprofessional services- \$_____ per session(s) as set forth by parent and tutor (must work under a tutor or parent for follow through)

_____ other services include: providing or writing curriculum, transcripts, copying, laminating, printing, binding \$ varies based on need {ask for a quote}

_____ Other: _____



Photo Release

I, _____, hereby grant and authorize Horizons Tutoring LLC to take, edit, alter, copy, exhibit, publish, distribute use of any and or all pictures or video taken of me or my student{s} _____, by Horizons Tutoring LLC to be used in and/or for promotional material including, but not limited to, newsletter, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submission to journalists, websites, social networking, and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization will hold Horizons Tutoring LLC and its employees harmless indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Horizons Tutoring LLC and I will be provided a copy. I hereby hold harmless, and release Horizons Tutoring LLC from all liability, petitions, and cause of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.



_____ I do give consent.

_____ I do **NOT** give consent.

Name of
client: _____

Signature of
guardian: _____

Date: _____