



## Micro School Registration

Parent's

name: \_\_\_\_\_

Student's

name: \_\_\_\_\_

Student's current grade

level: \_\_\_\_\_

Student's date of

birth: \_\_\_\_\_

Tutor Name (if

known): \_\_\_\_\_

Subjects:

Math, English, Social Studies, Science, Spelling, Reading, Writing

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 :

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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 10 days, this does not apply to classwallet vendor pay there are not late fees to ESA recipients. I understand that I will be billed monthly unless I am an ESA family I will be billed quarterly 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 10th 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 Invoice if you are seeking a ESA reimbursement: (Credentials will be provided to upload with your receipt)

\_\_\_\_\_ I prefer to pay another way: within 10 days of invoice date

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tutor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Services Provided:

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

\_\_\_\_\_ Session 1 Monday 8:00 to 12:00, Wednesday 8:00 to 3:30, & Friday 8:00 to 3:30 \$\_\_\_\_\_ monthly

\_\_\_\_\_ Session 2 Tuesday and Thursday 8:00 to 12:00 \$\_\_\_\_\_ monthly

\_\_\_\_\_ Session 3 Monday 8:00 to 12:00, Wednesday 8:00 to 3:30, & Friday 8:00 to 3:30, Tuesday and Thursday 8:00 to 12:00

\$\_\_\_\_\_ monthly

\_\_\_\_\_ Music Class (added in for 30 minuets Wednesdays ) \$40.00 monthly

\_\_\_\_\_ Beginning Spanish Class (added in for 60 minuets Fridays ) \$160.00 monthly

\_\_\_\_\_ Beginning Sign Language (added in for 30 minuets Monday) \$50.00 monthly

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

\_\_\_\_\_ Other:

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\_\_\_\_\_ Other:

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\_\_\_\_\_ Other:

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## 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: \_\_\_\_\_

