

# Enrollment Form

## Parent's Information

Parent's Full Name	
Street Address	
City / ST / ZIP Code	
Home Phone	
Cell Phone	
Parent's E-Mail Address	
Academic Subject(s) of focus:	

## Student Profile

Student's Full Name	
Student's Date of Birth	
Student's Cell Number	
Student's E-Mail Address	
Student's School	
Student's Grade	
Teacher's contact information	Email: _____ Phone: _____

May we share information about your student's services with their teacher or counselor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we share assessment testing results and other information with your child's teacher or counselor?	Yes <input type="checkbox"/> No <input type="checkbox"/>

How Did You Hear About Ngenius Tutoring?	
<input type="checkbox"/> School Counselor or Teacher <input type="checkbox"/> Friend: _____ <input type="checkbox"/> Radio Commercial <input type="checkbox"/> Television Commercial	<input type="checkbox"/> Flyer From School <input type="checkbox"/> Coupon Mailers <input type="checkbox"/> Website <input type="checkbox"/> Other: _____

**Client agrees that the cancellation of a session within 24 hours of the scheduled session will result in the forfeit of that session and no credits will be provided (exception: inclement weather).**

**Initial:** \_\_\_\_\_

**Client may request a change in trainers at any time; however, Ngenius Tutoring is not responsible for refunding money paid for coaching sessions already conducted.**

**Initial:** \_\_\_\_\_