



Contact Information

Child's Name: _____ Birthdate: _____

Address: _____

Parent/Guardian #1: _____

Phone: Home _____ Cell _____

Parent/ Guardian #2: _____

Phone: Home _____ Cell _____

Emergency Contacts (to whom your child may be released to when parent or guardian cannot be reached, parents are always contacted first.)

Name #1: _____

Relationship: _____ Phone: _____

Name #2: _____

Relationship: _____ Phone: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by Learning Point Academy staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian Signature: _____

Date: _____



Tutoring Consent

I _____ give permission for _____ to be tutored
(parents name) (student name)

by Learning Point Academy. The sessions scheduled are at _____ on _____.
(time) (day of the week)

My child's session will be held from _____ to _____.
(start date) (end date)

Please sign your initial by each of the following to acknowledge and agree.

_____ I understand that tutoring is \$_____ per _____ and must be paid on or before each scheduled session.

_____ I understand that no shows or late arrivals will still be required to pay the full tutoring cost.

_____ I understand that tutoring will be held at the location _____.

_____ I understand that it is my responsibility to drop off and pick up my child on time.

(parent/guardian signature)

(date signed)

I am looking forward to tutoring your child!