



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/ in person):

Phone Number:

Email:

Address:

Tell me a little bit about the person we will be working with, and how much experience you have in the subject we will be working with you:



I, _____, am the legal guardian of, _____. I agree to pay \$_____ per hour for _____ provided by Love 4 Learning LLC. **I agree to give Love 4 Learning LLC notice of cancellation 48 hours in advance, or I agree to pay the agreed-upon amount.** If anyone in my house is sick, I agree to cancel the in-home tutoring session as soon as I know the child is sick, so I will not be charged. Love 4 Learning LLC agrees to cancel in-home sessions if anyone in their family is sick. 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 Love 4 Learning a \$20 late fee if I do not pay within 15 days. I understand that I will be billed once per month, on the first day of the month. I know that I have 4 days to look over the invoice, to make any changes to the invoice. This way Love 4 Learning can start to pay their tutors on the 5th of each month. It would be appreciated if payment could be paid before the 5th as well.

Pick one:

_____ I prefer to pay with Class Wallet

OR

_____ I prefer to pay with the ESA debit card on Love 4 Learning system Hi Clark

OR

_____ I prefer to pay with my personal debit card on Love 4 Learning system Hi Clark

OR

_____ I prefer to pay another way: _____

Client signature: _____ Date: _____

Services Love 4 Learning will be providing: (please check all that apply)

_____ Pre-K- 12th grade tutoring (High School Math, Barton Reading and Writing; Chemistry, Physics, Math-U-SEE, All About Reading, All About Spelling, etc.)- **\$60 per hour** (one-on-one); 2 students in class- \$45 per student; 3 students in class- \$30 per student

_____ ASL Class- **\$60 per hour** (one-one-one); 2 students in class- \$45 per student; 3 students in class- \$30 per student

_____ Music Class (General Music with Recorder, Music History, Horn Classes)- **\$60 per hour** (one student); 2 students in class- \$45 per student; 3 students in class- \$30 per student

_____ Life Skills- **\$60 per hour** (one student); 2 students in class- \$45 per student; 3 students in class- \$30 per student.

_____ Paraprofessional services- **\$25 per hour**



Other: _____

I, _____, hereby grant and authorize Love 4 Learning LLC to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me or my child/ren _____, by Love 4 Learning 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 Love 4 Learning 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 Love 4 Learning LLC and will not be returned.

I hereby hold harmless, and release Love 4 Learning 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: _____