# Wings Like a Dove LLC

## Student Intake Form: Completed by Parent or by Tutor in conversation with parent

**Parent/Guardian Information** Today's Date:_____

Parent/Guardian Name(s): _____ Intended Start Date: _____

Cell: _____ Email: _____

Address: _____

Primary/secondary languages: _____

I will provide payment through: ☐ Zelle ☐ Venmo ☐ CashApp ☐ PayPal ☐ Cash

### Schedule Options

**Year Round • Term I (September - December) • Term II (January - April) • Term III (May - August)**

### Student Information

**Student's Name: _____ D.O.B: _____ Grade: _____**

Primary/secondary languages: _____

SUBJECTS: ☐ Reading ☐ Writing ☐ Math ☐ OTHER: _____

SCHEDULE: ☐ Year Round ☐ Term I ☐ Term II ☐ Term III

Additional information:

**Student's Name: _____ D.O.B: _____ Grade: _____**

Primary/secondary languages: _____

SUBJECTS: ☐ Reading ☐ Writing ☐ Math ☐ OTHER: _____

SCHEDULE: ☐ Year Round ☐ Term I ☐ Term II ☐ Term III

Additional information:

**Student's Name: _____ D.O.B: _____ Grade: _____**

Primary/secondary languages: _____

SUBJECTS: ☐ Reading ☐ Writing ☐ Math ☐ OTHER: _____

SCHEDULE: ☐ Year Round ☐ Term I ☐ Term II ☐ Term III

Additional information:

**Student's Name: _____ D.O.B: _____ Grade: _____**

Primary/secondary languages: _____

SUBJECTS: ☐ Reading ☐ Writing ☐ Math ☐ OTHER: _____

SCHEDULE: ☐ Year Round ☐ Term I ☐ Term II ☐ Term III

Additional information:

_____

Parent/Guardian Signature Date

_____

Parent/Guardian Printed Name

## Parent/Guardian Policy Agreement

❒ I have read and agree to abide by the Wings Like a Dove LLC Tutoring Policies. I understand that I will be notified of any policy updates, that I am responsible for abiding by updated policy, and that I can review up-to-date policies at www.wingslikeadove.org.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

## 5.2 Parent/Guardian Tuition / Fees Agreement

**Monthly Tuition**

Hours per week:_____ Rate:_____ # Students:_____ Tuition Total:$_____

**Travel Fee:**

Minutes:_____ Cost:_____ Session(s)/week:_____ Travel Fee Total:$_____

**Monthly Total:$_____**

**Supplies Fee**

# Students:_____ x $20 Supplies Fee Annual Total:$_____

**Total Due by _____: $_____**

I will provide payments through: ☐ Zelle ☐ Venmo ☐ CashApp ☐ PayPal ☐ Cash

Parent/Guardian Signature Date

Parent/Guardian Printed Name

## 5.2 Student Agreement

Younger Students

I agree to follow the student rules for Wings Like a Dove LLC to help me learn and grow:

- **I will work hard** and put forth my best effort during every tutoring session.
- **I will speak and act politely** and respectfully to my tutor.
- **I will do my homework** independently and diligently.
- **I will take good care** of all borrowed books and learning materials.

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**Student Signature** **Date**

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Student Printed Name

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**Student Signature** **Date**

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Student Printed Name

Older Students

*I agree to follow these student rules for Wings Like a Dove LLC to help me take charge of my learning and reach my goals:*

- ***I will give 100% effort** and stay focused during every tutoring session.*
- ***I will be respectful** in both how I speak and how I act with my tutor.*
- ***I will take ownership of my homework** by completing it carefully and on my own.*
- ***I will take excellent care** of any borrowed books or materials.*

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**Student Signature** **Date**

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Student Printed Name

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**Student Signature** **Date**

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Student Printed Name

Media Permission

Minor

❒ I give permission for Wings Like a Dove LLC to use photographs/video of my student(s), _____, on social and print media to promote the work of the agency. I will be asked to review the photograph/video before use. I can revoke this permission at any time.

❒ I do not give permission for Wings Like a Dove LLC to use photographs/video of my student(s), _____, on social and print media to promote the work of the agency.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Printed Name

Adult

❒ I give permission for Wings Like a Dove LLC to use photographs/video of me on social and print media to promote the work of the agency. I will be asked to review the photograph/video before use. I can revoke this permission at any time.

❒ I do not give permission for Wings Like a Dove LLC to use photographs/video of me on social and print media to promote the work of the agency.

_____ _____

Signature Date

_____

Printed Name