Wings Like a Dove LLC

Individualized, One-on-One, At Home Tutoring

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:

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TUITION / FEES

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 AGREEMENT: Student Intake, Tuition / Fees, Program Policies

❒ I attest that the Student Intake information is accurate. I agree to pay the above Tuition/Fees as scheduled. I have read and agree to abide by the Wings Like a Dove LLC Program 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

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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

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