



TUTORING REGISTRATION FORM

Section A:

Name: _____ DOB: _____

Home Address: _____

_____ Street _____ City
_____ State _____ Zip Male Female

Home Phone () _____ Parent's Cell () _____

Student's Cell () _____ Email Address: _____

Have you ever attended BREC? Yes No If yes, when? _____

How did you hear about us? _____

Tutoring requested for which subjects, courses or tests:

Section B:

Emergency Contact #1:

Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

Special Needs/Medical Concerns:

Allergies (food/insects/plants/seasonal/etc.):

Permission to obtain Emergency Treatment: Yes No

Parent/Guardian Signature (if applicant is a minor):

_____ Date: _____

Section C: ACADEMIC & CONDUCT INFORMATION

Applicant's Current Grade: _____ Current School: _____

Address: _____
Street City State Zip

BREC prohibits the possession and/or use of any substance which could become addictive, including, alcohol, tobacco, or other drugs.

1. In view of the above, is there any reason to anticipate the applicant will have difficulty complying with this standard of conduct? Yes No

2. Has the applicant ever undergone any educational, psychological, behavioral or chemical dependency evaluations? Yes No

If yes, please describe:

Are you applying for financial aid? *Yes No ***Please Fill Out Financial Aide Application**

Tutoring Service Fee: \$40 p/hour

Specialized Services (testing, etc.): \$75 p/hour

All fees are to be paid at the time of the scheduled session.

*To cancel a session, please contact your tutor at least **one hour in advance**. No shows will be charged the fee for one hour (\$40.00) and may not be eligible to reschedule.*

I hereby acknowledge and represent that the information in the application is true, correct and complete to the best of my knowledge. I also agree to BREC's cancellation procedures.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only:	Date Submitted: _____	Reviewed by: _____
Request for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate Start Date: _____

