



The Delta Learning Center

A Non Profit Tutoring Organization
EST. 1976

JUNE 2022 – JUNE 2023 ENROLLMENT AGREEMENT

A. STUDENT NAME _____ Date of Birth ____/____/____ Address
 _____ City _____ Zip _____ Student lives
 with: _____ Student's Cell # _____ Grade (Fall)
 _____ School _____ Tutoring Subject(s) _____ B. Enrolled By
 _____ Relationship _____ Address (if different
 than above) _____ City
 _____ Zip _____ Email Address _____ PHONE:
 _____ or _____ IN CASE OF

EMERGENCY:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____ C.

PAYMENT FOR SERVICES IS DUE THE FIRST DAY OF EACH MONTH. I authorize The Delta Learning Center to charge
 payment to my credit card if payment has not been made by the 2nd of each month. Authorized Signature

_____ VISA, AMEX, MASTERCARD (Circle one) Card Number
 _____ Name (as shown on card)
 _____ Exp _____ 3 digit code _____ Billing Address:
 _____ Billing Zip Code: _____

D. Transportation/Release
 of Student A "Safety Form" has been completed indicating my action regarding signing my student in and out. Y / N
 Student will drive self to session and has permission to sign in and out. Y / N Others persons who have permission
 to sign my student in and out:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____ If

someone other than the above persons will be picking up the student, a phone call or signed release from the
 parent/guardian is required. D. Please add additional background information, including allergies and/or medical
 conditions.

 _____ E. What
 educational goals would you like to see the student achieve while being tutored at DLC?

_____ F. I HAVE
 READ AND RECEIVED A COPY OF THE TERMS OF ENROLLMENT. Initial here _____ Tutoring Schedule

_____ Teacher _____ Start Date ____/____/____ I acknowledge that I
 am financially responsible for the fees incurred by this student. SIGNATURE

_____ DATE ____/____/____