



Montessori Tutoring Center

Application for Enrollment to the Montessori Tutoring Center

Date of Enrollment: _____

Student's Information:

Name: _____

First

Middle

Last

Date of Birth: ____/____/____ Age: ____ Current Grade: ____

School currently attending: _____

Student's Cell Phone: _____ Student's email: _____

Health: Indicate any medical condition or allergy.

Parent / Guardian Information:

Mother's Name: _____

Father's Name: _____

Address: _____

Cell Phone: _____ Email: _____

Cell Phone: _____ Email: _____

Emergency contacts and persons authorized to pick up your child:

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Note: Proof of identification will be requested when picking up your child.

Parent / Guardian Signature:

Signature: _____ Date: _____

Starting Date: _____

Subjects: Check the subject(s) to be taught

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Phonics | <input type="checkbox"/> Lindamood Bell Programs* |
| <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Homework Help |
| <input type="checkbox"/> Algebra | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Standardized Test Preparation* |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Writing/Composition Skills | <input type="checkbox"/> Study & Organizational Skills |

***Lindamood Bell Reading & Comprehension Programs:**

- Visualizing and Verbalizing Lips

*Name of Standardized Test: _____

Program and Schedule: Check the program you are interested in.

Individual Sessions: _____ Small Group Sessions: _____

Number of sessions per week: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Schedule:

School year schedule: Monday through Friday from 3:00 pm to 7:00 pm
Saturday from 9:00 am to 2:00 pm.

Summer schedule: Monday through Friday from 9:00 am to 5:00 pm
Saturday from 9:00 am to 2:00 pm

| Day(s) of Preference* | Time of Preference* |
|-----------------------|---------------------|
| Monday _____ | _____ |
| Tuesday _____ | _____ |
| Wednesday _____ | _____ |
| Thursday _____ | _____ |
| Friday _____ | _____ |
| Saturday _____ | _____ |

*Note: We make every attempt to meet the needs of individual students based on tutor availability.

Student Contract
(Students 15 years old or older)

I, _____ (student name), agree to the following:

- I will attend all the tutoring sessions.
- If for some reason I cannot attend a tutoring session, I will let the tutor know in advance.
- I will treat the tutors and the other students with respect.
- I will work hard.
- I will maintain a positive attitude and behave in a way that will not disrupt learning.
- I will let tutors know how I am doing in school by providing a copy of my report card at the beginning of every semester.
- If I need help, I will ask for it!
- I will not give up on myself because I know if I work hard I can succeed in school.

Signed: _____ Date: _____

Parent/Guardian Contract

I, _____ (parent/guardian name)

- I understand the program payment policy.
- I agree to submit my child's report card from the last semester to the tutor as soon as possible.
- I agree to submit a copy of most recent psychological emotional/academic evaluation, if any.
- I agree to be on time for the tutoring sessions.
- I agree to contact the tutor in advance if my child cannot attend a tutoring session.

Signed: _____ Date: _____

Montessori Tutoring Center

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