

## MY TUTOR LEARNING AGREEMENT

My Tutor Learning Center and the parent or guardian of \_\_\_\_\_ agrees to the following:

1. A registration fee of \$50.00 is required to register a student.  
**This fee is not refundable.**
2. A commitment of 10 sessions equal to \$350.00 is required and payable upon enrollment.
3. Sessions are offered on **Monday and Wednesday or Tuesday and Thursday** at an agreed upon time with the tutor. The cost of \$35.00 per tutoring hour is based on two (2) hours per week. Each session is limited to two students per tutor. My Tutor highly recommends the student be tutored two (2) times a week for consistency and reinforcement.

Parent/guardian accepts responsibility to pay for any sessions attended after the initial 10 sessions. Payment per month is required the **1<sup>st</sup> session of each continuing month.**

4. If a student chooses to attend one (1) hour a week, the cost is \$45.00 per week or \$45.00 per hour.  
A commitment of 10 sessions equal to \$450.00 is required and payable upon enrollment.

Parent/guardian accepts responsibility for any sessions attended after the initial 10 sessions. Payment per month is required the **1<sup>st</sup> session of each continuing month.**

5. All tutoring sessions will be conducted at My Tutor's location 4212 North Belt West, Belleville, IL 62226. Students under 13 years of age must be accompanied into, and picked up from, the center by a parent, guardian, or designated individual. When the student is to be picked up by someone else, My Tutor must be notified when the student arrives.
6. My Tutor believes success is based on consistency and determination therefore **regular attendance is required.** Missed sessions must be rescheduled prior to the next session and upon the availability of the tutor. Unexcused sessions will be charged.
7. My Tutor Learning Center takes pride in providing quality education for students. Cooperation and communication are necessary for success, so please feel free to contact us at any time with questions that you may have.
8. Should this account become delinquent and require collection, you will be responsible for our related costs.

**Please sign and return with a \$50.00 deposit and an appointment will be made to schedule your child and discuss the education plan.**

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Area of Concern: \_\_\_\_\_

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\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

**Billing Information:**

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State. Zip \_\_\_\_\_

Phone #(s): (H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)\_\_\_\_\_

**Credit Card information is required. Payments not received by the 5<sup>th</sup> of the month will be charged to the credit card.**

Visa/Master Card Number \_\_\_\_\_

Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your interest in My Tutor Learning Center.

[www.mytutorlearningcenter.com](http://www.mytutorlearningcenter.com)

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Office use only: \_\_\_\_\_

Date \_\_\_\_\_ Deposit \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_ Payment \_\_\_\_\_ Check # \_\_\_\_\_