

Phone: (561) 628-7760 Fax: (561) 203-2122

TUTORING AGREEMENT

Parent's / Guardian's Name			Date							
					()				
Street Address	City	Zip			Ph	one				
Student's Name	Tutor's Name & Phone No.									
All Tutoring will provide a tutor for the following subject areas:		_	Tutoring Sessions will take place at the the location of your choice each:							
1		Days	иΙΤ	W	Th	F	S	S	7	
2		Check:								
3		Time: _	Time:							
You agree to pay All Tutoring : (check all	I that apply)									
 ☐ In advance with a credit card ☐ In advance with a check ☐ Weekly debit with credit card ☐ After each tutoring session with a check or money order 		 □ No prepayment - \$60/hour □ 4-hours package - \$58/hour Total: \$232 □ 10-hours package - \$57/hour Total: \$570 □ 20-hours package - \$55/hour Total: \$1,100 								
If payment is made after each session TUTORING. NO CASH OR OTHER FOOUT out a check in your tutor's name or passed where the each session with one week written notice to our office to our our our our our our our our our ou	y cash, the You must ession. If you advance nour tutor. All	amount will call your to do not call tice to can Tutoring s	ILL not utor of the left of th	be conthe be the bu are sess	CCEI redite All resp ion,	ed to Tut oonsi you	2 . I o yo c ori i ible are	f yo our a ng o <u>for</u> ent	ou make account. office at the fee. titled to	
Please call us with any questions or com	nments. We	look forwar	d to	being	of se	ervic	e to	yo	u!	
Very sincerely,										
Annette E. Kravick, M.Ed., Director										
Agreed to:										
Parent's / Guardian's Signature				Date					-	