

TEAM'S REGISTRATION FORM

Dear Parents:

TEAM sessions are available Monday through Thursday, between 2:00 pm and 6:00 pm. On the form below, please indicate the day/time of the session that meets your schedule. Please indicate your preference by using numbers (1, 2, 3, or 4) for choices of tutoring sessions. Requests for days and times of sessions are on a "first come, first served" basis.

Number of sessions per week: 1 _____ 2 _____

Please indicate your preference by using "1st", "2nd", "3rd" or "4th" for tutoring session.

| | Monday | Tuesday | Wednesday | Thursday |
|------|--------|---------|-----------|----------|
| 2 pm | | | | |
| 3 pm | | | | |
| 4 pm | | | | |
| 5 pm | | | | |
| 6 pm | | | | |

Special needs and/or comments in regard to scheduling or educational program:

TEAM'S POLICY AGREEMENT

I understand **TEAM'S** Instructor, Tuition, and Absence Policies. I also understand that an absence without a three-hour advance notice will not be rescheduled or refunded.

Parent Signature: _____ Date: _____

Student Name: _____ Entering Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

School Name: _____ Dismissal Time: _____

TEAM LEARNING CENTER

Teaching Excellence, Achievement, Motivation

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www.teamlearningcenter.org