



**CRYSTAL**  
Children & Teacher Supply

**Private Tutoring**  
**Registration Form**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ School District: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall 2007: \_\_\_\_\_ Student info (if any): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

Payment: Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_ or Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ E-mail \_\_\_\_\_

Please check the following you are registered for:

Private tutoring hours per week \_\_\_\_\_ @ \$45/hour, or \$49/hr. for high school Math

One-time enrollment fee \$20, for new students only (Non-refundable)

No material fee will apply. Parents may choose to bring materials from home for teacher to assign as homework, or the teacher may recommend a book to purchase as homework.

**Subject areas:** \_\_\_\_\_

**Weeks:** \_\_\_\_\_

**Payment Policy:**

We accept Cash, Checks or Visa/MasterCard. All credit card information will be saved for automatic monthly payments for the 4-week payment cycle.

Check payments: Write postdated checks for each 4-week payment cycle through the end of the semester (12/31/07 or 5/31/08). Each check should be dated for the beginning date of each 4-week payment period.

Cash payments: Payments should be given to cashier in an envelope with student's name and class info. Send requests for additional receipts to customer@eteachersupply.com.

**Emergency Information**

In case of an emergency, and in the event I cannot be reached by phone, I authorize CRYSTAL staff or the instructor to take immediate steps for emergency treatment for my child. Neither CRYSTAL Children & Teacher Supply or its representatives, nor the instructor will be held liable for medical fees. In the event of any emergency (illness or accident), the following individuals may be contacted.

Parent/Guardian's Name	Home Phone	Cell Phone

Alternate Person's Name	Home Phone	Cell Phone

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

List medicines to which your child is allergic to: \_\_\_\_\_

**Waiver of Liability**

I, the undersigned, will not hold CRYSTAL Children & Teacher Supply or its representatives liable for injuries sustained by my child while on the premise of CRYSTAL Children & Teacher Supply.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Emergency & Waiver Form

### Emergency Information

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Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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List medicines your child is allergic to: \_\_\_\_\_

### Waiver of Liability

I, the undersigned, will not hold instructors or CRYSTAL Children & Teacher Supply staff liable for injuries sustained by my child while on the premises of CRYSTAL Children & Teacher Supply.

### Pick Up Responsibility

I understand that I am responsible for picking up my child no later than the dismissal time. In the case that I run late, there will be a \$5 late pick up fee for the first 10 minutes, and \$3 for every 5 minutes thereafter.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cancellation/Change Policy

A full refund minus a \$20 service fee is given only if cancellation request is received 2 weeks prior to class start time. If a child is sick and is unable to fulfill the enrollment, a doctor's note is required for a full refund minus \$20 service fee to be given. Switching class time is permitted only upon space availability. There will be a \$20 service fee assessed for any change.