**Santa Rosa Tutoring Registration Form**

Before completing this form please be advised that the home/location of Santa Rosa Tutoring does have friendly pet cats. If your child is allergic or sensitive to cats, Santa Rosa Tutoring may not be the right fit.

**CHILD’S NAME:**

FIRST LAST

**NICKNAME/PREFERRED NAME: AGE: D.O.B.**

Has child attended school before?

**SCHOOL & GRADE LEVEL:**

**PARENT 1 NAME: PHONE:**

(or legal guardian)

**PARENT 1 EMAIL:**

**PARENT 1 OCCUPATION: WORK PH:**

**PARENT 2 NAME: PHONE:**

(or legal guardian)

**PARENT 2 EMAIL:**

**PARENT 2 OCCUPATION: WORK PH:**

**PRIMARY ADDRESS:**

Street

City State                     Zip code

**PRIMARY EMAIL ADDRESS**

**PLEASE LIST 1 EMERGENCY CONTACT:**

**1.**

Name         Phone Relationship to child

**Getting to know your child:**

Please help me get to know your child better by filling in the following. I use this information to help prepare and create specific lessons for your child. Thank you for your time. I am honored and thrilled to be able to help you with your little student!

1. Areas of strength:

2. Interaction with peers and siblings:

3. Goals for this experience:

4. Describe your child’s interests:

5. Favorite color? Favorite animal?

6. Additional information you would like to share

Please list all medical conditions / allergies so that Santa Rosa Tutoring can best serve your child.

Is it okay for Michelle Lazuka to provide a healthy snack for your child? Circle: YES or NO

**Registration Contract: Santa Rosa Tutoring**

Please initial each line below:

Santa Rosa Tutoring is open to all families on a space available basis. Children must be at least 3 years old, completely toilet trained (no pull ups or diapers). Santa Rosa Tutoring has the right to withdraw a child if:

* they are unable to follow instruction or complete a session for behavioral reasons or
* they repeatedly refuse to listen and follow instructions
* if I feel they are a harm to others or themselves

I (Michelle Lazuka) have the right to terminate your use of the program when payments have not been made on time or if cancelations are frequent. Should circumstances arise that affect your ability to pay for your sessions, please inform Michelle Lazuka as soon as possible.

Please give 24-hour notice via text if you cannot make your appointment. (808) 500-8881. No Shows or NOT providing 24-hour notice will result in a charge of ½ of the full amount of the session. Please arrive and pick up on time. There is a five-minute grace period at pick up. After 5 minutes, you will be charged $1.00 minute after that.

**Santa Rosa Tutoring provides educational services and is not a childcare provider, as such payments are not eligible for the federal Child Tax Care Credit.**

Santa Rosa Tutoring is open all year round with the exception of a few holidays and time off for cleaning/prepping/repairs etc. If at any time Santa Rosa Tutoring needs to close or cancel, any paid session(s) will be reimbursed.

**Media Release**

I (parent/guardian printed name)

allow my child’s photo to be released on the Santa Rosa Tutoring social media pages and website.

Child’s name

is authorized by Date

(parent/guardian signature)

to allow Santa RosaTutoring to use photos of the children for this purpose while attending the program.

I, , have read and understand the enrollment contract and I agree to the terms.

Parent/legal guardian signature date

**Santa Rosa Tutoring release of information and consent for medical and/or emergency treatment**

I, , hereby voluntarily consent to the rendering of care, and medical treatment by the staff of Santa Rosa Tutoring that may in their professional judgement be necessary to provide for the medical, or emergency care of my child.

(childʻs full name).

### I further give my consent to Michelle Lazuka to arrange for routine or emergency medical and/or and treatment necessary to preserve the health of my child including but not limited to calling 911, CPR First aid etc. I also allow them to **release any health or medical or important information** about my child to any other emergency responder, DR, nurse, caregiver, etc. in the event that my child is injured or ill while under the care of Santa Rosa Tutoring, I hereby give permission to the caregiver to provide first aid for the child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility. In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver (Santa Rosa Tutoring) to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my child’s health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

Parent/legal guardian signature

Date

SANTA ROSA TUTORING Payment Policy

**All students will be allowed one cancellation every three-month period. A credit/debit card must be provided to be kept on file by Santa Rosa Tutoring. Any additional cancellations that do not provide 24-hour notice will be automatically charged in the full amount to the card you have provided.**

I authorize Santa Rosa Tutoring to charge my card on file in accordance with the cancellation policy.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Santa Rosa Tutoring Credit/Debit Card Information Form

Your card information will be securely stored on the square payments platform. This portion of the document will be destroyed once the information is entered into the system.

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_

Security (CVV) Number \_\_\_\_\_\_