

LFS SUMMER TUTORING PROGRAM – 2017
'First come-First serve'
(Grades 4-8)

COMPLETE THIS FORM WITH ALL DETAILS. PUT A CHECK MARK OR CIRCLE WHEREVER NECESSARY.
RETURN IT TO Mrs. NANCY PALATTY NO LATER THAN JUNE 9th 12 NOON, if attending.

MY CHILD(REN) WILL BE ATTENDING THE SUMMER TUTORING PROGRAM

STUDENT'S NAMEGrade.....

SUBJECTS NEEDED :

INDIVIDUAL TUTORING (YES) (NO) GROUP TUTORING (YES) (NO)

WEEKS ATTENDING : ALL (8)WEEKS WITH SPECIAL CONCESSION **OR** (7WEEKS) (6WEEKS) (5WEEKS) (4WEEKS) (3WEEKS) (2WEEKS) (1WEEK) **OR** (OCCASIONALLY)

DAYS ATTENDING : MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY

TIME ATTENDING : (8 AM-9 AM) (9 AM-10 AM) (10 AM-11 AM) (11 AM -12 NOON) **OR**
(ALL 4 HOURS WITH SPECIAL CONCESSION)

PAYMENT IS DUE THE FIRST DAY OF DROP IN. NO EXCEPTIONS. CHECK OR CASH ACCEPTED & PAYABLE TO Mrs. Nancy Palatty. Late pick up will be charged separately.

Mother:.....Telephone#.....
Father:.....Telephone#.....
Emergency Contact name.....Telephone#.....

The following people have permission to pick up my child from Summer Tutoring Program:

Name(1).....Telephone#.....
Name(2).....Telephone#.....
Name(3).....Telephone#.....

Are there any allergies, medical conditions or special 'concerns' that we should be aware of ?

.....
.....

I have read, understand, and will comply with the Summer Tutoring Program agreement.

.....Date.....
Parent's Name & Signature

