

Today's date:

1. Student Information:

First Name:

Last Name:

Grade in September 2019:

Student Email Address:

Street Address:

Town/City:

State:

Zip:

Home Phone:

2. Please indicate the school/district your child attends.

3. Program for which you are registering for (Indicate all that apply):

School Year SAT/ACT class (***)Indicate which sessions. Only \$440 per student for tutoring for TWO tests. 24 hours of instruction, 8 sessions)

Fall 2019 - Session 1 (8 sessions) DATES: (Mondays) September 9, 16, 23, 30; October 7, 14, 21, 28, 2019 **TIME:** 3:30 p.m. to 6:30 p.m. :

Fall to Winter 2019 - Session 2 (8 sessions) DATES: (Mondays) November 4, 11, 18, 25; December 2, 9, 16, 23 2019 **TIME:** 3:30 p.m. to 6:30 p.m.

Winter 2020 - Session 3 (8 sessions) DATES: (Mondays and *TWO TUESDAYS*) January 6, 13, 21 (Tuesday), 27; February 3, 10, 18 (Tuesday), 24 2020 **TIME:** 3:30 p.m. to 6:30 p.m.

Winter to Spring 2020 - Session 4 (8 sessions) DATES: (Mondays) March 2, 9, 16, 23, 30; April 6, 20, 27 (No class April 13) 2020 **TIME:** 3:30 p.m. to 6:30 p.m.

Spring 2020 - Session 5 (8 sessions) DATES: (Mondays and *TWO TUESDAYS*) May 4, 11, 18; June 1, 8, 9 (Tuesday), 15, 16 (Tuesday) 2020 **TIME:** 3:30 p.m. to 6:30 p.m.

4. Method of Payment:

Check:

Cash:

5. Parent/Guardian Information:

First Name:

Last Name:

Email Address:

Street Address:

Town/City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

6. Emergency Contact Person

First Name:

Last Name:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Relationship to Student:

7. Student Medical Information; known medical condition of participant:

Treatment/Medication Participant is Taking:

Physician's Name:

Physician's Phone:

Physician's Address:

8. MEDICAL DISCLAIMER: For participants needing to self-administer medication, please send in a doctor's note before the first class. The only medications that can be self-administered are an EPI Pen and an inhaler. A school nurse will not be present during these classes. In case of an emergency, students will be transported to the nearest medical facility and parents will be contacted. Students and parents agree to abide by all regulations of both New Jersey Tutoring and WCTS. Neither New Jersey Tutoring nor WCTS assumes liability.

I understand. (Please sign) _____

9. Behavior Issues: New Jersey Tutoring and Warren County Technical School reserve the right to dismiss a child from the program if there are behavioral issues. No refunds will be issued.

I understand. (Please sign) _____

10. DISCLAIMER/REFUNDS: A receipt may not be given after registering. You may assume your registration has been received unless notified. There are no refunds once the program starts. Participation is at your own risk and no medical personnel will be on duty during this program. Neither New Jersey Tutoring nor Warren County Technical School assumes liability.

I understand. (Please sign) _____

11. How did you hear about this program? _____

Send this completed registration form with \$440 payment to: New Jersey Tutoring, c/o Warren County Technical School, 1500 Route 57, Washington, 07882

Questions ??? Call 973- 945-8014 or Email newjerseytutoring20@gmail.com