

Course Name:

Session:

Date/Time:

Summer Mini-Course Registration

Student's Name: _____ M ____ F ____

Parent/Guardian's Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Place of Employment:

Mother _____ Telephone _____

Father _____ Telephone _____

Date of Birth: _____ Age: _____ Grade: _____

In case of Emergency contact (other than Parent or Guardian)

_____ Telephone _____

Does your child have any allergies? _____ yes _____ no

If so, what type? _____

If Parent Cannot Be Contacted

*If parent cannot be reached in case of medical emergency,
consent is hereby given that the student receives medical and/or
surgical care as recommended by physician or hospital.*

Signature of Parent of Guardian:

Date _____

☐ I prefer one-on-one in-home sessions.

☐ I will meet you at _____ Public Library.

Student #1 _____

Student #4 _____

Student #2 _____

Student #5 _____

Student #3 _____

Student #6 _____

☐ I will meet you at _____ in _____.

MATH Tutoring on the Go!

Brishundra McGrier

Highwood, IL

If you have any questions, please call me at (803)292-3596