



Welcome to Sylvan!

Student Name _____ Grade _____ DOB _____

Parent Name _____ Email _____

Parent Cell Number _____ Alternate Number _____

Emergency Contact _____ Phone _____

My child needs additional instruction in the following area(s):

Reading _____ Math _____

Tentative pick up time each day _____

Tutoring and after school care will take place Monday – Friday 3:15 – 6, beginning Tuesday, September 8th. An assessment will be given to determine areas of need and instruction, homework help, and fun activities will make up the afternoon. A snack will also be provided each day.

The \$30 fee will be charged to your Meals Plus Account each Thursday for the following week. So, the first payment will be charged Thursday, September 3rd. A 10-day notice is needed when withdrawing from the program.

We are thrilled to be able to offer this service and look forward to getting to know you and your child. You may reach us at 252-334-9700 or ecsylvan1654@gmail.com.

By signing below, you agree to have your Meals Plus account charged \$30 each Thursday, beginning September 3rd. You also agree for your child to be assessed and to allow communication to take place between Sylvan staff and your child's teachers.

Parent Signature _____ Date _____