

Excel Learning Center

2875 South King Street, Suite 101, Honolulu, Hawaii 96826
Phone: (808) 955-9388 Email: excel.learning@hawaiiantel.net

REGISTRATION FORM

Date _____

Student's Name: First _____ Last _____ Gender _____ Age _____

Current School _____ Grade _____ DOB _____

Sibling (enrolling): First _____ Last _____ Gender _____ Age _____

Current School _____ Grade _____ DOB _____

Home Address _____ City _____ Zip _____

Home Phone _____ Student's phone/email _____

Mother's Name _____ Cellular _____ Email _____

Father's Name _____ Cellular _____ Email _____

Name of Emergency Contact _____ Phone _____ Relationship _____

How did you learn about Excel Learning Center? _____

Parental/Guardian Photo Release Consent Form (Optional)

I GRANT permission for the above student's photo/image and personal information to be published on the Excel Learning Center website.

Parent Signature: _____ Date: _____

Rescheduling & Cancellation Policy

I understand and agree to the following policies: (1) Student committed to a weekly schedule will reschedule but not cancel a lesson due to foreseen schedule conflict. (2) Student may make up missed hours only if I notify Excel of the change at least 2 days prior to the missed class; (3) Scheduled changes exceed more than once within a month will incur a rescheduling fee of \$25 per time; (4) I will be charged 1-hour's worth of tutoring for late cancellation (less than 24 hours) or no-show. No make up or rescheduling is allowed (5) Late cancellation due to schedule conflict or sickness exceed more than once a month will incur a fee of \$25 per time (6) Registration fees are non-refundable and (7) Termination of service requires at least one month advance notice.

Signature: _____ Date: _____

Office Use:

Education Goals _____

Program enrolled _____

Schedule _____ Start date _____

Registration fee _____ Rate _____ Form of payment cash check credit card

Assessment date/time _____ Assessed subject(s) _____

Notes: _____
