

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 have read and agree to be bound by the Excel Learning Center Terms of Service (attached). I agree to pay the below-listed tuition rate for all tutoring services scheduled at Excel except if cancelled in accordance with those terms.

I understand that the registration fee paid today covers the cost of assessing and scheduling services for my student and that it is not refundable for any reason, except in the absolute discretion of Excel Learning Center or as provided by applicable law.

Tuition rate agreed: _____/hr.* Hrs. scheduled: _____/wk* Registration fee: _____

Signature: _____

Date: _____

**Rate and weekly hours are subject to change according to the provisions of the terms of service (which include notice to you in advance of any change).*

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: _____