

The Healthy Utilization of Brains/The H.U.B.

1703 N. State Road 7

Margate FL 33063

954-597-6636

Student Name _____ Grade Level _____

Parent Name _____

Parent cell phone _____

Parent email _____

Emergency contact name _____

Emergency contact cell phone _____

My student has the following allergies/medical conditions:

Payment policy: I agree to pay The H.U.B. **\$50.00 per hour** of tutoring (\$60 for AP or college level courses). I understand that payment is due upon services rendered. A 10% discount can be applied when pre-paying for **4 sessions (\$45/\$180)**. * I agree to pick up my student 60 minutes from drop off. I understand that if I cannot be reached within 15 minutes after expected pick up, that I will be charged an additional \$5.00 per quarter hour. If my emergency contact must be contacted, I give that person permission to pick up and transport my student and release The H.U.B. of all liability. **Initials: _____**

Cancellation policy: When booking appointments, credit card information is required to hold the appointment. No charge will be made if appointment is canceled 24 hours prior to the scheduled time. If an appointment is canceled with **less than 24 hours' notice, for any reason**, or is otherwise considered a "no show," the card on file will be charged 100% of the required fee. All bookings and cancellations must be made through the office (954-597-6636). **Initials: _____**

Card Holder _____

Card # _____

Exp. Date (MMYY) _____ CVC # _____ Zip Code _____

Parent/Guardian Signature _____

Printed Name _____

Date _____

***Pre-pay sessions are valid for one year from date of purchase.**