

The Healthy Utilization of Brains (The HUB)

1703 N State Road 7 | Margate, FL 33063

954-597-6636 | contactus@thehubsouthfl.com

2023-2024 Gardiner/FES Tutoring Agreement

Student Name _____

Grade Level _____

Gardiner ID# _____

Parent Name _____

Parent cell phone _____

Parent email _____

Parent address _____

Emergency contact name/phone number _____

My student has the following allergies/medical conditions/unique abilities:

Payment policy: I agree to pay The H.U.B. \$60.00 per hour of tutoring (\$70 for AP or college level courses). I understand that payment is due upon services rendered. 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: 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 account on file will be charged 100% of the required fee. All bookings and cancellations must be made through the office (954-597-6636). Initials: _____

Gardiner Billing Fee \$100. I understand that my account will be charged an annual fee to cover bookkeeping/billing expenses. I also agree to approve invoices within 7 days of submission to avoid late fees. Initials: _____

Parent Signature _____

Printed Name _____

Date _____

Card Holder _____

Card # _____

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