

The Healthy Utilization of Brains (The HUB)

1703 N State Road 7, Margate, FL 33063

954-597-6636 | contactus@thehubsouthfl.com

2024-2025 Tutoring Agreement

Student's Last Name	
Student's First Name	
Date of Birth & Grade	
Student's Email Address	
Student's Cell Phone	
Parent/Guardian's Name(s)	
Parent/Guardian's Phone	
Parent/Guardian's Email Address	
Home Address	

Does this student have any medical conditions or allergies? Yes No

Explain:

Does this student have any unique learning abilities or concerns? Yes No

Explain:

Emergency Contact (**other than Parent/Guardian**):

Tutoring Agreements

Please read and initial next to each statement:

_____ Payment Policy: I agree to pay The HUB \$70.00 per hour of tutoring (\$80 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 (\$63/\$252).*

_____ Pick Up/Drop Off Policy: 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.

_____ 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 by calling 954-597-6636.

_____ Scholarship Policy: I understand that if my student will be utilizing a scholarship to pay for tutoring, an additional \$100.00 annual fee will be assessed.

_____ Debit/Credit Card Policy: I understand that a debit or credit card will be placed on file for billing. If utilizing cash, payment will be provided before services rendered.

Debit/Credit Card to be kept on file:

Name on card	
Card #	
Expiration Date	
CVC Security #	
Zip Code	

Parent/Guardian Signature

Printed Name

Date

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