

Reference:



135-5120 47th Street NE,
Calgary ,AB T3J-4K3
Phone: 403-4575045
Fax:403-4575044

REGISTRATION FORM

Our Motto: Helping Parents/Guardians to educate their child (ren) by maximizing their potential.

Our Belief: Every Student can Learn and Succeed with right Exposure and Guidance.

*****ALL tutoring sessions will take place at the EduConServ Inc. office located at 135-5120 47th Street NE, Calgary ,AB T3J-4K3*****

Payment Information: Please contact us or see flyer for tutoring cost and for specific details regarding tutoring discounts and fees. Payments must be received prior to tutoring session each month. At this time we only accept Cash or Checks payable to EDUCONSERV INC.

Registration Fee (Non Refundable): \$50.00

Office Use Only	
Registration Received:	_____
Registration Amt:	\$.....By/Cheque:
Fees paid:	\$.....By/Cheque:
Registration Received By:	_____ staff
Tutoring Start:	_____ date

Please print information clearly.

Student's Name: _____ **Parent/Guardian Name:** _____

Phone Number: _____ **Email:** _____

Emergency Name & Phone No.: _____

I wish to enroll my child (ren) in EduConServ Inc. By doing so, I understand that I will be an important part of the goal setting process for my child.

I understand that in order for my child to be successful that I must be consistent in bringing him/her to tutoring each week.

Parent/ Guardian Signature: _____ Date: _____

Visit us at www.educonservinc.com, email: info@educonservinc.com

Reference:

For sitting based tutoring only:

I understand that if I fail to cancel a tutoring session within 24 hours of the session that I will incur a **\$25 fee (weekday) and \$35 (Saturdays)** for the tutor's time and inconvenience.

Parent/ Guardian Signature: _____ Date: _____

Suggestions:.....
.....
.....
.....

Name:Parent's Name: . _____

Contact # _____ Address.....

Grade: _____ School: _____

SUBJECT(S):

Please list the subject area(s) in which you are seeking tutoring services for your child (ren):

Subject 1 _____

Subject 2 _____

Subject 3 _____

PREFERRED DAYS & TIMES:

Please list the days and times in which you are seeking tutoring services for your child (ren):

Tutoring Days/Times: Sessions are in one-hour and one-hour and a half increments. You will be notified as soon as the time/dates are approved and set.)

Preference of Days:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday-----

Approval:

Director

Date

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