



**FICK EDUCATIONAL SERVICES, LLC**  
CONSULTING • TUTORING • EVALUATIONS • ADVOCACY

# FES In-Person Classroom

Registration Packet for 2020

<b>OFFICE USE ONLY</b>			
___ Adv	___ Tutor	___ StSk	___ SoSk
___ SAT	___ TrCp	___ Spndcp	
___ HS Evals			
Intake Date: _____			

Please complete the following questionnaire so we are better able to serve your child.

<b>Child's Name</b>		<b>Date of Birth: MM/DD/YYYY</b>	
<b>Parent/Guardian Name</b>		<b>Relation to Child</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>		<b>Cell Phone #</b>	
<b>Email</b>			
<b>Emergency Contact Name</b>		<b>Relation to Child</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>		<b>Cell Phone #</b>	
<b>Email</b>			



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## ADDITIONAL INFORMATION ABOUT YOUR CHILD:

Which school does your child attend?	What grade is your child in?
If you have and desires or expectations for your child during sessions please share and we will do our best to address them and work on those specific tasks when possible.	
Please share any information that you believe would assist us in better knowing your child such as special interests, likes/dislikes, other behaviors, etc.	
If applicable, please identify your child's disability or illness: behaviors, diagnosis, IEP, etc.	

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion:** Please make copies of this form for your records and return original packet via email ([fickededucation@gmail.com](mailto:fickededucation@gmail.com)) or mail to:

**FICK EDUCATIONAL SERVICES, LLC**  
**790 E. Market Street, Suite #300**  
**West Chester, PA 19382**

Be sure to check out the website for course updates:  
[www.fickededucation.com](http://www.fickededucation.com)



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## Registration Information

FES offers an in-person classroom Mondays-Friday in two blocks. Our Morning block is from **8am-12pm**, and our Afternoon block is **12pm-4pm**. You may also book a full day. Below are rates for each registration type:

### Rates

Half Day - \$75 / day

Full Day - \$125 / day

(Second Child: \$65 / half day, \$100 / full day)

A deposit of two weeks tuition is due at the time of registration. Payments are due on Sunday, two weeks before the week of service. Deposits are not refundable. Two weeks notice is required for cancellation.

**Please indicate which times you would like to register for by checking the box in the corresponding days & times. We will confirm availability upon return of this form.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate which weeks you are interested in.**

Week of 9/14	Week of 9/21	Week of 9/28	Week of 10/5	Week of 10/12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Which location are you registering for? (Please circle.)**

West Chester / Media



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## RELEASE OF LIABILITY

This Release is executed and delivered on this day of \_\_\_\_\_, 2020, by \_\_\_\_\_, parent or guardian of \_\_\_\_\_ on behalf of heirs, executors, administrators, successors, and assigns (collectively the "Releasor") in consideration of being allowed to participate in any activities at Fick Educational Services, LLC. Releasor, hereby, fully releases and discharges Fick Educational Services, LLC, and its successors and assigns the Releasee from any and all rights, claims, and actions which the releasor may now have or may hereafter ever have against Releasee arising out of (child's name) \_\_\_\_\_ participation in activities at the facility. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable, and adequate consideration prior to the execution and delivery of this Release.

Signature of Parent of Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO/VIDEO RELEASE

I give my permission for photographs and/ or videos of my child to be used in any Promotional/Marketing materials for Fick Educational Services, LLC, including but not limited to their Facebook page, Website, etc.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_