



FICK EDUCATIONAL SERVICES, LLC
CONSULTING · TUTORING · EVALUATIONS · ADVOCACY

FES In-Person Classroom

Scholarship Application - 2020

OFFICE USE ONLY

___ 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 if approved.

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



FES In-Person Classroom

Scholarship Application - 2020

FICK EDUCATIONAL SERVICES, LLC

CONSULTING • TUTORING • EVALUATIONS • ADVOCACY

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.	
Please attach documentation to this packet showing your child is receiving free or reduced lunch within your school.	

Signature of Parent of Guardian: _____ Date: _____

Upon completion: Please make copies of this form for your records and return original packet via email (fickeducation@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.fickeducation.com



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

FES In-Person Classroom

Scholarship Application - 2020



FES In-Person Classroom

Scholarship Application - 2020

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

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**.

Please indicate **ONE available time** you would like to apply 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"/>

Which location are you applying for? (Please circle.)

West Chester / Media

If your preferred time is not available, please list any alternate times you would accept below (eg. Monday AM, Tuesday PM, etc.):



FES In-Person Classroom

Scholarship Application - 2020

FICK EDUCATIONAL SERVICES, LLC

CONSULTING • TUTORING • EVALUATIONS • ADVOCACY

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:** _____