



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

# SAT Prep Course

## Registration Packet

OFFICE USE ONLY
___ Adv ___ Tutor ___ StSk
___ SoSK
___ SAT ___ TrCp ___ Spncp
___ 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>Emergency Contact: 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>2nd Emergency Contact: 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>How did you hear about us?</b>			

**COST: \$550 (INCLUDES ALL MATERIALS)**

**CIRCLE PREFERRED COURSE DATES**

**July 22-25: 6 pm – 8 pm**

**July 29- August 1 : 6 pm – 8 pm**

**August 12-15 : 6 pm – 8 pm**



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### ADDITIONAL INFORMATION ABOUT YOUR CHILD

Which school does your child attend?	What grade is your child entering this fall?
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 you have any desires or expectations for your child during the course of instruction, please share and we will do our best to address them and work on those specific tasks when possible.	
What is your child's biggest need that this course can address?	

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

**Upon completion:** Please make copies of this form for your records and return original packet via email ([fickeducation@gmail.com](mailto:fickeducation@gmail.com)) or mail along with check in full made payable to:

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

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



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### RELEASE OF LIABILITY

This Release is executed and delivered on this day of \_\_\_\_\_, 20\_\_, 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 their 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 or 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:** \_\_\_\_\_