Tutoring Summer Registration Application Agreement

My World Tutoring Program

6701 Suitland rd., Morningside

Suitland, Maryland. 20746

301-806-3500

Date:

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| Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child(ren)s Name & Age(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Week(s) Desired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Summer Break** |
| Field Trips and Activities are listed. Field trips and activities are subject to change.Every morning enrichment lessons will be introduced, taught and mastered. Monday and Wednesday=Math. Tuesday and Thursday=Language Arts. Friday=Science. Every afternoon social activities and trips will be scheduled. Mondays=Monuments or Museums, Tuesdays= swimming Wednesday and Friday=field trips, Thursday= crafting, cooking and local parks.One week of overnight camp will be announced at the end of the school year.1. Bowling, Watkins Park, Movies, Summer Scrap Book
2. Six flags, Washington Monument, Ft Washington Park, Sundial and Bird house
3. (Short Week) Holocaust Museum Arlington Cemetery, Flags and Pinata's
4. Go Cart Racing, horseback riding, Lincoln Memorial Kites,
5. Six Flags, Spy Museum, The Capital Mini Garden
6. Bowling, Jefferson Memorial, Movies, 3-D Fish
7. National Zoo, Vietnam Wall, News Museum Picture Frames
8. Go Cart Racing, The Corcoran, Arrt Museum Clay candy dishes
9. Laser Tagging, horseback riding, Six Flags
10. Six Flags, Air and Space Museum, 3-D Planets
 |
| For the Amount of $225.00 dollars per week. (All Trips, Breakfast, Lunch and Snacks included) Week(s) needed:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #16-138356

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Print/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_