

**A.T.A.C., INC.**

Associates in Tutoring & Academic Consultation, 1314 N.E. 43rd Street, Suite 209, Seattle, WA 98105  
Phone: (206) 547-1818 Fax: (206) 547-1890  
www.atatutoring.com

**A.T.A.C. SUMMER SESSION  
July 7th - August 31<sup>st</sup> 2010  
REGISTRATION FORM**

To register with A.T.A.C. and reserve a space, please mail this form with a \$155 deposit (which is non-refundable unless we are unable to provide services, in which case you will be fully refunded) to the above address. This deposit covers both a summer program planning conference with a consultant or coordinator and the registration fee.

*Please make checks payable to A.T.A.C., Inc.*

Student Name: \_\_\_\_\_ Grade (Fall): \_\_\_\_\_

School (Current): \_\_\_\_\_ School (Fall): \_\_\_\_\_ Age: \_\_\_\_\_

Learning / Psychological Diagnosis: \_\_\_\_\_

By Doctor: \_\_\_\_\_ Medications: \_\_\_\_\_

Referred to ATAC by: \_\_\_\_\_

Summer Tutoring Request (list subjects or skills):

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Number of Sessions per Week: \_\_\_\_\_ (We work with students a minimum of 2 sessions per week.)

Will your child participate for the full summer session? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, what dates would you like to begin and end? \_\_\_\_\_  
(We request a minimum of 12 sessions for summer services.)

Dates of Planned Vacation: \_\_\_\_\_

Scheduling Requests\*: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Primary E-mail Address (optional): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Scheduling will be confirmed in June*