

**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.atactutoring.com

**A.T.A.C. SUMMER SESSION 2009: July 6th - August 28th  
REGISTRATION FORM**

To register with A.T.A.C. and reserve a spot, please mail this form with a \$145 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; exceptions are made for adults and gifted students with no learning differences.)

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 most 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: \_\_\_\_\_

*Tutorial Costs: \$45/45 minute session for 2 or more sessions per week*

*\$60 /hour session for S.A.T. Prep / College Essays*

*\*Scheduling will be confirmed in June*