

Center for Family and Child Enrichment, Inc.

PEAK Tutoring Program Registration Form

Student Information

Full Name:	
Date of Birth:	
Grade Level (Fall 2025):	
Current School:	

Parent/Guardian Information

Full Name:	
Relationship to Student:	
Phone Number(s):	
Email Address:	
Home Address:	

Educational Needs

- ☐ Reading Support (Phonics/Comprehension)
- ☐ Math Support
- ☐ Science Support (Asynchronous)
- ☐ Homework Assistance
- ☐ Test Preparation (FAST/SAT/ACT, etc.)

Scheduling & Attendance

Preferred Days of Attendance: _____

Emergency Contact

Name:	
Phone Number:	
Relationship to Student:	

Health/Allergies (if applicable)

Consent & Agreements

I give permission for my child to participate in the PEAK Tutoring Program.

I understand tutoring sessions will be held at **1825 NW 167 Street Miami Gardens, FL 33056** during the scheduled times.

Parent/Guardian Signature: _____ Date: _____