

# 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)***

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### **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: \_\_\_\_\_