

# The Appalachian Reading Center, Inc. Intake Form

Payment of the \$320 Intake Fee must be submitted (by mail or delivered in person) on the day you submit this form. Make your check payable to the Appalachian Reading Center, Inc. and note the student's name on the check. If you are unable to submit payment, please contact the director about payment options before completing this form.

<b>Today's Date:</b>		<b>Payment Submitted:</b>	
	Month / Day / Year		Amount
<b>Student's Full Name:</b>			
	First	Middle	Last

**Briefly describe why you are interested in our services.**

**How did you hear about us?**

**Please indicate all available tutoring days and times.**

	Morning	Early Afternoon	Late Afternoon	Early Evening
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>			XXXXXXXXXXXX	XXXXXXXXXXXX
<b>Saturday</b>			XXXXXXXXXXXX	XXXXXXXXXXXX

**If you have specific days/times that you require, please explain here:**

**Before submitting your form, please indicate below all that apply.**

- I verify that I have read the "Information for Students and Families" (found online)
- I verify that I have submitted a check for the \$320 Intake Fee made out to The Appalachian Reading Center, Inc. with the student's name on the check.
- I am unable to send the entire \$320 Intake Fee today, but I have already discussed a payment plan with the Director and am sending the agreed amount.
- I am interested in a partial scholarship (available for students that need financial assistance).

The Appalachian Reading Center, Inc. does not discriminate on the basis of religion, gender, race, color, or national origin in its enrollment or hiring practices.

**Be sure to complete the *Student Information Form* on the next page.**

# The Appalachian Reading Center, Inc. Student Information Form

**Today's Date:**   
Month / Day / Year

**County of Residence:**

**Student's Full Name:**     
First Middle Last

**Student Birth Date:**   
Month / Day / Year

**Student Age:**   
Years

**Student's School:**   
(or indicate if home-schooled)

**School Grade Level:**

**Primary Contact 1:**     
(parent or guardian) Full Name Relationship: (Parent, Grandparent, Guardian, etc.) Email Address

(Use \* to indicate best number to call)     
Home Phone Work Phone Cell Phone

**Primary Contact 2:**     
(parent or guardian) Full Name Relationship: (Parent, Grandparent, Guardian, etc.) Email Address

(Use \* to indicate best number to call)     
Home Phone Work Phone Cell Phone

**Other Emergency Contact:**     
Full Name Relationship: (Grandparent, Neighbor, Friend, etc.) Phone Number

**Student Address:**      
Street City State Zip Code

**Is Student Address the same as Billing Address?**  Yes. Please use Student Address for Billing.  No. Please use Billing Address below.

**Billing Address:**      
(if different from Student Address) Street City State Zip Code

**Allergies (or indicate if none):**

**Diagnoses or other Medical Information we should know about (or indicate none):**

**Physician:**  **Physician's Phone:**