



Miles Jones Foundation Study Skills Services Registration Form

Location:

Miles Jones Foundation
1014 Starr Ave, Toledo, Ohio 43605

Contact Information:

Phone: 313-720-7800
Email: milesjonesfoundation@milesjonesfoundation.com

STUDENT INFORMATION

- Student's Full Name: _____
 - Date of Birth: _____
 - Grade Level: _____
 - School Name: _____
 - Parent/Guardian Name: _____
 - Parent/Guardian Phone: _____
 - Parent/Guardian Email: _____
 - Home Address: _____
 - City: _____ State: _____ Zip Code: _____
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PROGRAM INFORMATION

- Preferred Start Date: _____
 - Session Selection (Please check all that apply):
 - Weekly Study Skills Classes
 - Individual Tutoring Sessions
 - Group Workshops
 - Time Management Skills Class
 - Test Preparation
 - Homework Assistance
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EMERGENCY CONTACT INFORMATION



- **Emergency Contact Name:** _____
 - **Relationship to Student:** _____
 - **Emergency Contact Phone:** _____
 - **Alternative Phone Number:** _____
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MEDICAL INFORMATION

- **Does your child have any allergies?** (Please specify): _____
 - **Does your child have any medical conditions or take any medication?**
 - Yes [] No
 - If yes, please explain:

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PROGRAM FEES

- **Registration Fee:** \$50 (One-time fee)
 - **Weekly Program Fee:** \$90/week
 - **Daily Program Fee:** \$20/day
 - **Extended Care Fee** (optional): \$10/day
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CONSENT AND AGREEMENT

I, the undersigned, give my consent for my child to participate in the Study Skills Services provided by the Miles Jones Foundation. I understand that the program includes various activities such as group workshops, tutoring, and test preparation, and I agree to pay the required fees. I also authorize the Miles Jones Foundation to contact me or the emergency contact provided in case of an emergency.

Parent/Guardian Signature: _____

Date: _____

Please return this completed registration form to the Miles Jones Foundation at 1014 Starr Ave, Toledo, Ohio 43605, or email it to milesjonesfoundation@milesjonesfoundation.com.

