



REQUEST FOR COACHING  
Registration Form

Today's date \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Reason for Coaching:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School Phone:** ( ) \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_ **Contact Information:** \_\_\_\_\_

**Diagnosed Learning Differences:** \_\_\_\_\_

**Medical Concerns/Allergies:** \_\_\_\_\_

**Medications taken regularly:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**E-mail address:** \_\_\_\_\_

**Phone Numbers:**

**Home:** ( ) \_\_\_\_\_ **Student/(C):** ( ) \_\_\_\_\_

**Mom/(W):** ( ) \_\_\_\_\_ **Dad/(W):** ( ) \_\_\_\_\_

**Mom/(C):** ( ) \_\_\_\_\_ **Dad/(C):** ( ) \_\_\_\_\_

Coaching sessions are billed one month in advance; we will send you an invoice early in the month; payment is due 10 days later. A monthly late fee of \$20.00 may be charged unless prior arrangements have been made. **Refund Policy:** Credit will be given if coaching sessions are cancelled by 4:00 PM the day before the scheduled coaching session. Otherwise, no refunds will be made.

\_\_\_\_\_  
Parent signature

**Who may we thank for referring you to Paideia?** \_\_\_\_\_