

Above & Beyond Homeschool Tutor Center

2025-2026 Registration Form

Parent(s) Information

Name: _____

Address: _____

Phone Number (for Directory): _____

Mobile Number (To be used for Early Dismissal Information, Emergency Information, and Text Communication) _____

Email (for all correspondence): _____

Please provide the names of individuals, **other than the parents**, who are authorized to pick up your child(ren) at dismissal time. _____

Student(s) Information

Name	Birthdate	Age	Grade Entering

Student information continued (please be as specific as possible):

Allergies: _____

Medical

Conditions: _____

Does your child require any special accommodation that your child's teacher may need to know in order to optimize their learning ability? If so, please explain:

Background Information

How long have you been homeschooling? _____

Where did you hear about Above & Beyond? _____

Have you attended any other drop off programs or co-ops in the past? _____

If so, which one(s)? _____

Have you read the Family Handbook posted on the website? _____

Do you support the following aspects of the curriculum and Above & Beyond policies from the Family Handbook?

____ Statement of Faith (page 5)

____ Sexual Harassment Policy (page 6)

____ Communication Policy/Dispute Resolution Policy (page 7)

____ Student Rules of Conduct (pages 10-11)

____ Discipline Policy (pages 12-13)

____ Dress Code (page 14)

____ Home Assignments (page 17)

____ Financial Agreement (pages 19-20)

____ Family Health Agreement (page 21)

Do you wish to be on the substitute teacher list? (Pay is \$20 per class) _____

Cost Calculator

Check which payment option you wish to follow.

_____ **Option 1: Monthly**
((\$225 for 1 student; \$200 for the second student and any additional student)

_____ **Option 2: Per semester**
((\$1012.50 for 1 student; \$900 for the second student and any additional student)

_____ **Option 3: Yearly**
((\$1800 per student)

Registration fee must be submitted along with registration form (\$75 until March 24; \$125 March 25 and after)

Make checks payable to: Lisa Kokanovich

Mail registration form and fee to: Lisa Kokanovich
11125 Miland Rd
Akron, NY 14001