



REGISTRATION FORM

1. STUDENT INFORMATION

Student First Name: _____ Middle Name: _____ Last Name: _____
Preferred Name: _____ Date of Birth (YYYY-MM-DD): _____ Gender: ☐ Male ☐ Female ☐ Non-binary
Grade (Sept 2025): _____ School: _____
Address: _____ City: _____ Province: AB Postal Code: _____
Primary Language: _____ Additional Languages Spoken: _____
Health Card #: _____ Allergies / Medical Conditions: _____

2. PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

Name: _____
Relationship to Student: _____
Phone (Cell): _____ Phone (Work): _____
Email: _____
Address (if different from above): _____

Parent / Guardian 2 (if applicable)

Name: _____
Relationship to Student: _____
Phone (Cell): _____ Phone (Work): _____
Email: _____
Address (if different from above): _____

Preferred method of communication: ☐ Email ☐ Text ☐ Phone Call

3. LEARNING PROFILE

Please describe your child's strengths, interests and preferred learning style:

Does your child have any of the following? (Please check all that apply)

- ☐ ADHD ☐ Autism Spectrum Disorder ☐ Anxiety
☐ Learning Disability ☐ Speech/Language Disorder ☐ Sensory Processing Disorder
☐ Other: _____

Please list any assessments, diagnoses or reports we should be aware of:

4. PROGRAM & TUTORING INFORMATION

Subject(s) / Areas of Support Needed: (Please check all that apply)

- ☐ Math ☐ Reading ☐ Writing
☐ Spelling ☐ Study Skills ☐ Executive Function
☐ Homework Support ☐ Organization ☐ Social Skills
☐ Test Preparation ☐ Other: _____

Current Grade Average (if known): _____

Goals for Tutoring / What would you like your child to achieve?

Preferred Start Date: _____

Preferred Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Preferred Time(s): _____

Session Preference: ☐ In-Person ☐ Online ☐ Flexible

Session Length Preference: ☐ 60 minutes ☐ 90 minutes ☐ Other _____

Would you like the same tutor for ongoing sessions (if possible)?

- ☐ Yes ☐ No ☐ Flexible

How did you hear about Exceptional Abilities?

5. BILLING & PAYMENT INFORMATION

Payment will be invoiced prior to the first session and at the start of each month.

Primary Payer (if different from Parent 1): _____

Email for Invoices: _____

Payment Method: ☐ E-Transfer ☐ Cheque ☐ Cash

☐ FSCD / Community Support Funding ☐ Other: _____

Payment is due on or before the first scheduled session of each month.

Please refer to our [Payment Policy](#) for full details.

6. REQUIRED DOCUMENTS CHECKLIST

Please ensure the following documents are submitted prior to the first session.

- ☐ Completed Registration & Intake Form
☐ Copy of Student's Most Recent Report Card (if available)
☐ Any Assessment Reports / Diagnoses (if applicable)
☐ Authorization for Service & Information Sharing (signed)
☐ Payment Information / Funding Confirmation (if applicable)
☐ Other: _____

Documents can be emailed to: michelle.exceptionalabilities@gmail.com or provided in person.

7. PARENT / GUARDIAN ACKNOWLEDGEMENT & CONSENT

I confirm that the information provided on this form is accurate and complete. I understand that Exceptional Abilities will use this information to support my child's learning and that information will be kept confidential in accordance with our Privacy Policy. I agree to the policies and terms outlined in the Exceptional Abilities Parent Information & Policies Package.

Parent / Guardian Name (Print): _____ Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Assigned Tutor: _____ Start Date: _____
Program / Subjects: _____ Invoice Sent: ☐ Yes ☐ No Date: _____ Client ID #: _____
Notes: _____