Tutoring Agreement Academic Year 2025-2026
Streamlined Success Tutoring, LLC

TUTORING SERVICE FINANCIAL AGREEMENT

Student: Date:

Parent/Guardian Agreement:

I, _____, as the parent/guardian of the student named above, hereby agree to the following:

1. Payment Terms: Tutoring sessions will be billed at the following rates:
    - $50 per 30-minute session
    - $65 per 45-minute session
    - $80 per 60-minute session

    An invoice will be issued at the **end** of each month, detailing all charges, including the number of tutoring sessions conducted, any additional fees, and adjustments from previous statements.

2. Additional Student Fees:
    - I agree to pay the initial **one-time** Student Enrollment fee of $50.

3. Payment Method: Payments can be made by cash, check, or to Streamlined Success Tutoring, LLC, or via Venmo or Zelle.

4. Late Fees: I acknowledge that a late fee of $50 may be applied if payment is not received within 7 days of receiving the invoice.

5. Cancellation Policy: I understand that if sessions are canceled with less than **6 hours notice**, a cancellation fee may be charged.
    - *1st Late Cancel - 30% of Session Fee*
    - *2nd Late Cancel - 50% of Session Fee*
    - *3rd Late Cancel and on - 100% of Session Fee*

6. **Acknowledgement:** By signing this agreement, I acknowledge that I have read, understood, and agree to the terms outlined above.

We are committed to upholding the terms of the financial agreement for the goods and services rendered as outlined in our contract. This commitment entails the timely and full payment for all services provided and products delivered as specified. We will adhere to the agreed-upon payment schedule and ensure that all financial transactions are executed with accuracy and transparency. Any discrepancies or issues that arise will be addressed promptly and in accordance with the terms set forth in the agreement. Our goal is to foster a mutually beneficial relationship through clear communication and unwavering adherence to the financial commitments established.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Tutoring Service Provider: Sarah Craig, Streamlined Success Tutoring, LLC
Contact Information: sarahecraig7@gmail.com or (804) 397-9772

Signature: _____

Date: _____