

Pod Members

Please list yourself or the main point of contact in the first position. You do not need to share contact details for the remaining members of your pod. Please note that we will need a fully formed pod or a \$3000 deposit in order to match you to an instructor. If you do not have a fully formed pod and would like to be introduced to other families with children in the same district/grade level, please put an X here: _____.

	Parent Full Name	Student Name	Parent Phone #	Email Address
1				
2				
3				
4				
5				
6				

Students should be in the same school, district, and grade level. Please share the following:

School Name: _____ Grade Level: _____
School District/Town: _____

Please indicate which model you are interested in with an X below:

Full Support (5 hours/day for 5 days/week) _____ (approx. rate - \$500-\$750/week/child)

Hybrid (3 hours/day for 3 days/week) _____ (approx. rate - \$275-\$400/week/child)

Hybrid (5 hours/day for 2 days/week) _____ (approx. Rate - \$275-\$400/week/child)

Thank you for your deposit for Royal Ave. Partners, LLC's (Royal) Small Group Instruction. The \$3,000 deposit received on _____ reserves your pod. This deposit confirms that Royal will make its best effort within the next 30 days to match your child(ren) to a small group while at that same time providing a top instructor to meet your educational, safety, and enrichment needs. Please complete this form for every child you would like placed into a pod.

Your deposit will be held for no more than 30 days. Upon the completion of the 30-day period, if (Royal) cannot match your request with an instructor, your full deposit will be refunded. If on the other hand, you decide prior to the end of the 30-day period to withdraw from this search, (Royal) will promptly return 75% of the deposit.

Note: Royal will require all families to sign a contract, including a list of terms and conditions to maintain a COVID-19 free environment. However, your deposit acknowledges that you release (Royal) from any liability, and will not institute any lawsuit or claim against (Royal), as a result of COVID -19 virus having been transmitted to any related party or said virus having originated as a result of the Small Group Instruction.

Name: _____ Signature: _____ Date: _____

*Please complete this form and mail it with your deposit (**payable to Royal Ave Partners**) to: Royal Ave Partners | C/O Admit U Consulting | PO Box 2086 | 3 Royal Avenue | Suite 2 | Livingston, NJ 07039*