



2017-2018 PROGRAM
SEPTEMBER 11, 2017 to JUNE 16, 2018

- Registration is ongoing.
- Registration is complete and confirmed once full payment is received.
- Funding options are available. Speak to our Program Coordinator to learn more.
- Families waiting for 3rd party grants will be scheduled once funding is approved. If you want your child to begin immediately the monthly fees are your responsibility until the grant is approved.
- Tutors will be matched based on your child's assessment and goals.
- Payments are processed on the 1st of each month.
- We ask all families to support the LDAV by providing 10 volunteer hours per year.

PROGRAMS, DAYS, TIMES, AND FEES (Place an X in the box next to your preferred times).

ACADEMIC PROGRAMS	DAYS	SESSION TIMES	FEES*
<i>Intensive Individualized Instruction</i>	<i>M/W or T/TH (1hr ea session)</i>	<i>10:00 AM – 8:00 PM</i>	<i>\$53</i>
<i>Intensive Individualized Instruction</i>	<i>Saturday (2hrs)</i>	<i>9:00 AM – 5:00 PM</i>	<i>\$106</i>

CHILD'S NAME _____

New Client **Returning Client** Name of previous tutor: _____

Preferred Location: **Vancouver** **North Vancouver** **Coquitlam**

Provide school subjects/information about your child's tutoring needs: _____

1st Choice (Days & Time):	2nd Choice (Days & Time):
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SESSION SELECTION

Place an X in the box next to the sessions you are interested in attending.

65 Monday/Wednesday Weekday Sessions – September to June	
69 Tuesday/Thursday Weekday Sessions – September to June	
30 Saturday Sessions – September to June	
<p>NO TUTORING: Oct 7th, 9th, and 31st; Nov 11th; Feb 10th and 12th; March 19th to April 2nd; May 19th, 21st, and 26th</p> <p>Last day of Fall term is December 9th Make-up sessions December 11th-16th</p> <p>January term begins January 2nd and ends June 16th Make-up sessions June 18th-23rd</p>	



FINANCIAL ASSISTANCE

Apply for LDAH in-house financial assistance (North Vancouver only)? Yes No

**If YES, please attach copies of most recent Revenue Canada Notice of Assessment*

of Parents: _____ # of Children: _____ Household Income: \$ _____

I will/have also applied to: Variety Autism Branch CKNW Other: _____

PAYMENT AND ADDITIONAL SERVICES – AREAS BELOW FOR INTERNAL OFFICE USE ONLY

PROGRAM FEES	
\$ _____ X _____ # of sessions Start Date: _____	\$ _____
LDAH Annual Membership: \$35 (All Clients)	\$ _____
Program Consultation - NEW CLIENTS: \$180 (2 hours intake & administration, and 2 hours educational consulting)	\$ _____
Educational Consultation - RETURNING CLIENTS: \$90 (per term)	\$ _____
TOTAL DUE	\$ _____

Room Schedule, Payment, Receipt, Collection Sheet, Client Database, Membership Database, Emergency Contact Sheet, Send Confirmation Email, Photocopy for Accountant, Create Binder for Norlan. **For New Clients only: MailChimp & Confidential File.**

Registration Received: _____ Program Payment Received: \$ _____

Current Member _____ (Expiry) New Member (\$35.00) Renewing Member (\$35.00)

In-House Bursary Approved: YES / NO Entered into accounting spreadsheet: _____

Variety/Other Agency Grant Approval # _____ Total \$ _____ Expiry _____

Documentation Provided: Report Card IEP Psych Ed Other _____

Tutor Assigned: _____ Days/Time Assigned: _____

Monthly Payment Options: Post Dated Cheques Credit Card In-House Bursary External Grant

Credit Card # _____ / _____ / _____ Expiry Date / CVV # _____

Card Holder's Name: _____ Postal Code: _____

The LDAH is a non-profit organization and must ensure all payments are detailed in advance. We do not have surplus funding reserves to support non-payment of fees.



CONTACT INFORMATION

Parent/Guardian Information

1. Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Email: _____

2. Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Phone: _____ **Email:** _____

Relationship to Child: _____

Allergies/Health Concerns: _____

How did you hear about us? _____



TERMS OF AGREEMENT

PROGRAM CANCELLATION: All Programs require one month’s notice of cancellation in writing to the Administrative Assistant. If you fail to provide 30 days’ notice you will be charged a \$360 cancellation fee.

Program Consultation or Educational Consultation fee will not be returned once sessions begin.

REFUND POLICY: All refunds will be issued within 30 days of withdrawal notification.

CLASS CANCELLATION POLICY: Insufficient registrations, facility malfunction, or other circumstances beyond our control may necessitate the cancellation of a session or program. In the event that the LDAV cancels a program every effort will be made to reschedule or transfer the participant to another program. If alternate arrangements cannot be made, a full refund will be issued.

CONDITIONS:

- LDAV reserves the right to change the time, location, Tutor/Program Leader or fees if required.
- Applications are not accepted through tutors. Only through the Administrative Assistant or Program Coordinator.
- Parents acknowledge that they are required to volunteer up to 10 hours per year to support LDAV with special events, fundraising, library management, etc.
- By using 3rd party payment (i.e. another funder/agency paying for your fees), you agree to accept responsibility for the amount due if the funder/agency fails to pay within 30 days of receiving our invoice.
- If your child is going to be late or absent please inform LDAV via email or phone call as soon as possible. **Please note... you are still required to pay missed sessions unless 30 days’ written notice is provided.**
- If a tutor is unable to attend a scheduled session he/she is responsible for arranging a make-up session within the term the session is missed. Ensure to arrange a date and time that works for both parties prior to the term ending, as **there is no carrying forward of make-up sessions.**
- LDAV reserves the right to terminate service to a client **if more than three sessions are missed** and appropriate notice of absences is not provided.
- Please retain your monthly receipts. An official tax receipt can be requested for tax purposes at year end. Requests for additional copies will be subject to an administration fee of \$10.

Parent/Guardian Name (Printed) _____

Date: _____

Agreed & Accepted (Signature) _____

Child’s Name _____



VIDEO/PHOTO/AUDIO CONSENT FORM NEW CLIENTS ONLY

I, the undersigned, do hereby consent to the Learning Disabilities Association Vancouver the ability to take captions of the image, voice, or both of my minor child (under the age of 19) to be used in any materials for fundraising, advertising, publicity, or any other purpose on behalf of LDAV.

I warrant that I am the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

In addition, I waive all claims to compensation or damages based on the use of such minor's image or voice, or both, by LDAV.

Name of minor: _____ Age: _____

Name of parent/legal guardian: _____

Contact Number: _____ Email: _____

Signature of parent/legal guardian: _____

Date: _____
Month/Day/Year

NOTE... If there is no interest in participating, please print the minor's name in the section above and write NOT INTERESTED across the page.