



SUMMER TUTORING APPLICATION FORM

July 4 through August 17, 2017

NO TUTORING AUGUST 7

- Your application is considered complete and confirmed once payment is received.
- All payments will be taken **2 weeks before the start of tutoring.**
- Funding options may be available. Speak to our Program Coordinator for more information.
- Families waiting for 3rd party grants will be scheduled once funding is approved. If you want your child to begin immediately the fees are your responsibility until the grant is approved.
- Tutors will be matched based on your child's assessment, goals, and grade.

Place an X in the box next to the program you are interested in

TUTORING PROGRAMS	DAYS	SESSIONS OFFERED BETWEEN	FEES*
Intensive Individualized Instruction	Mon/Wed OR Tues/Thurs (1hr each session)	9:00 AM – 5:00 PM	\$53
Intensive Individualized Instruction	Monday through Thursday (1hr each session)	9:00 AM – 5:00 PM	\$53

Provide information about your child's tutoring needs: _____

1 st Choice (Days & Time)	2 nd Choice (Day & Time)
--------------------------------------	-------------------------------------

New Client Returning Client >Name of previous tutor (if applies) _____

CHILD'S FULL NAME _____

SESSION SELECTION (Place an X in the box next to the days of the week you are interested in)

\$636	Summer Tutoring Program – July 5 to August 16	12 Mon/Wed Sessions
\$742	Summer Tutoring Program – July 4 to August 17	14 Tue/Thurs Sessions
\$1378	Summer Tutoring Program – July 4 to August 17	26 Mon to Thurs Sessions



PAYMENT AND ADDITIONAL SERVICES – THIS PAGE IS FOR OFFICE USE ONLY

<u>PROGRAM FEES</u>	
Program Cost: (Orton Gillingham or Remedial Tutoring) \$ _____ X _____ # of sessions START DATE _____	\$
LDAV Annual Membership: \$35 (All Clients)	\$
TOTAL DUE	\$

<u>OPTIONAL SERVICES</u>	
Financial Support Consult: \$135 minimum fee + \$45 an hour for additional time (Identify available resources, assistance with applications and follow-up)	\$
Educational Consultant: \$125 per hour Can include: <ul style="list-style-type: none"> - Detailed explanation of psych-ed - School Advocacy - Attendance at IEP - Other as applicable 	\$
Brigance Screening & Assessment: \$500 (Educational Consultant & Program Manager) A comprehensive inventory of basic skills that identifies a client's academic level of functioning. Used as a tool in standardized assessment for identifying a client's strengths and weaknesses. Assesses reading decoding, reading comprehension, writing, listening comprehension and math.	\$
TOTAL DUE	\$

Room Schedule, Membership Database, Collect Payment, Receipt, Email, Photocopy for Accountant, Registration Database, Create Binder. **New Clients Only-Create File Folder & Add into Mail Chimp**

Registration Received: _____ Program Payment Received: _____
 \$ _____

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

Grant Approval Number. _____ Amount \$ _____
 Expiry: _____

Documentation Provided: **Report Card** **IEP** **Psych Ed** **Other** _____

Tutor Assigned: _____ Date/Time Assigned: _____

Payment Options: **Interac** **Cheque** **Credit Card** **Cash** **Grant**

Credit Card #	/	/	/	Expiry Date	/	CVV #
----------------------	---	---	---	--------------------	---	--------------

Card Holder's Name: _____ **Postal code attached to card:** _____



CLIENT INFORMATION Returning Clients: Fill out bolded sections only if do not have updates to report

Child's Name: _____ **Gender:** _____ **Age:** _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Email: _____

Parent/Guardian Names (1) _____ **(2)** _____

Contact #'s during tutoring (1) _____ **(2)** _____

Alternate Emergency Contact Name & Number _____

DIAGNOSIS: LD AD/HD Suspected LD Other _____

Has your child had an assessment for learning or attention difficulties: Yes No

(Please enclose a copy of the assessment and/or letter from physician stating child's needs)

DESIGNATION: _____

Allergies/Health Concerns: _____

Presenting Developmental Concerns: _____

School Attending: _____ **Grade:** _____

LAC or Homeroom Teacher: _____

Referral Source: _____

FINANCIAL ASSISTANCE

Do you require financial assistance? No Yes

I have applied to: CKNW Variety Other: _____

(Please include a copy of supporting documentation)

The LDAV 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.



TERMS OF AGREEMENT

PROGRAM CANCELLATION: All Programs require one month’s notice of cancellation in writing to the Information & Support Coordinator. 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 Information & Support Coordinator or Program Coordinator.
- Parents acknowledge that they may be required to volunteer up to 20 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 will be provided 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 By (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.

Print full name of minor: _____

Age of minor: _____

Print name of parent or legal guardian: _____

Contact Number: _____ Email: _____

Date: _____
Month/Day/Year

Signature of parent or legal guardian: _____

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.