

SUMMER TUTORING APPLICATION FORM July 3rd through August 16th, 2018

NO TUTORING AUGUST 6th

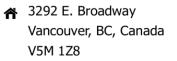
Child's full name:			Age:	Grade:
Date:Pa	rent/ guardian name:			
New Client Return	ning Client	Name of prev	ious tutor (if appli	es)
.ocation: East Va	ancouver	North Vancou	ver	Coquitlam
Place an X in the box next to the	ne program vou are inte	rested in		1
TUTORING PROGRAMS	DAYS		SSIONS OFFERED BETWEEN	FEES*
Intensive Individualized Instruction	Mon/Wed OR Tues/T (1hr each session	9.1	00 AM – 5:00 PM	\$53
Intensive Individualized Instruction	Monday through Thu (1hr each session	' 4'1	00 AM – 5:00 PM	\$53
1st Choice (Days & Time)			2 nd Choice (D	ay & Time)

- 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 Manager 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.

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

\$689	Summer Tutoring Program – July 3 rd to August 16 th	13 Mon/Wed Sessions
\$742	Summer Tutoring Program – July 4 th to August 15 th	14 Tue/Thurs Sessions
\$1431	Summer Tutoring Program – July 3 rd to August 16 th	27 Mon to Thurs Sessions









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 defined the funding reserves to support non-payment of fees.	lo not have surplus			
PAYMENT AND ADDITIONAL SERVICES				
OPTIONAL SERVICES				
Educational Consultation: \$125 p/hour \$ Includes:				
 Detailed explanation of psychoeducational assessment 				
School advocacyOther as applicable				
TOTAL DUE \$				
Payment Options: Credit Card Debit Cheque Cash	Grant			
Credit Card #: / / Expiry Date: /	CVV #:			
Card holders name: Postal code attached to card:				
OFFICE USE ONLY				
PROGRAM FEES				
Program Cost: (Orton Gillingham or Remedial Tutoring)				
\$	\$			
START DATE				
LDAV Annual Membership: \$35 (All Clients)	\$			
TOTAL DUE	\$			
□ Registration Received: \$				
□ Current Member(Expiry) □ New Member (\$35.00) □ Renewing Member (\$35.00)				
□ Grant Approval Number: Amount \$ Expiry:				
□Tutor Assigned: Date/Time Assigned:				

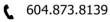




CLIENT INFORMATION

Returning	Clients: Fill	out bolded so	ections only	if no u	pdates to re	port

Date of Birth: Day Month Year	Child's Name:	Gender: Age:
Home Phone: Email:	Date of Birth: Day Month \	'ear
Parent/Guardian Names (1)	Address: City:	Postal Code:
Alternate Emergency Contact Name & Number	Home Phone: Email:	
Alternate Emergency Contact Name & Number	Parent/Guardian Names (1) (2)	
DIAGNOSIS: LD ADHD 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 or Behavioral Concerns: School Attending:	Contact #'s during tutoring (1) (2)
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 or Behavioral Concerns: School Attending:	Alternate Emergency Contact Name & Number	
(Please enclose a copy of the assessment and/or letter from physician stating child's needs) DESIGNATION: Allergies/Health Concerns: Presenting Developmental or Behavioral Concerns: School Attending:	DIAGNOSIS: LD ADHD Suspected LD	Other
DESIGNATION: Allergies/Health Concerns: Presenting Developmental or Behavioral Concerns: School Attending:	Has your child had an assessment for learning or attention difficulties:	Yes □ No □
Allergies/Health Concerns: Presenting Developmental or Behavioral Concerns: School Attending:	(Please enclose a copy of the assessment and/or letter from	ohysician stating child's needs)
Presenting Developmental or Behavioral Concerns: School Attending:	DESIGNATION:	
School Attending:		
	Presenting Developmental or Behavioral Concerns:	
LAC OF HOMEFOOM Teacher.		
How did you hear about us?		





604.873.8140







TERMS OF AGREEMENT

PROGRAM CANCELLATION: All Programs require one month's notice of cancellation in writing to the Administration 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.

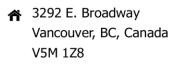
CLASS CANCELLATION POLICY: Insufficient registrations, facility malfunction, or other circumstances beyond our control may necessitate the cancellation of a session or program. In the event that the LDAV cancels a program, every effort will be made to reschedule or transfer the participant to another 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 Administration Assistant or Program Manager.
- 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.
- o If a tutor is unable to attend a scheduled session, you will receive a full refund for the missed session.
- 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.



