



The Family & Learning Center

7848 Ivanhoe Ave.
La Jolla, CA 92037
(858) 454-7303
www.tfac.com

Learn how to learn through Educational Coaching

Summer 2019 Educational Development Program

STUDENT INFORMATION

Name (First, Middle, Last) _____

Age: _____ Date of Birth: _____

School: _____ Entering Grade: _____

Other collaborating professionals: _____

Regular Medications: _____

Dietary Restrictions: _____

PARENT/GUARDIAN INFORMATION

Name(s) Dr. Mr. Mrs. Ms.: _____

Relationship to Student: _____ Email Address: _____

Address: _____ City, State, Zip: _____

Employer/Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Method of Communication (please check) E-mail Home Phone Cell Phone Work Phone

PAYMENT INFORMATION

Total program fees will be calculated based on the student's program schedule. A \$880 non-refundable deposit, or total program fee, whichever is less, must be submitted in order to secure the student's space in the program. The deposit will be applied to the total program fee. The Family & Learning Center does not accept insurance. All sessions must be paid for in advance. Due to the one-on-one nature of our services, we are unable to provide refunds, credits, or make-up sessions for sessions that are missed or cancelled once the student's schedule has been confirmed.

Please circle your preferred method of payment:

CHECK or **CASH** - Payment for the program is due in full on or before the first day of the program.

Please circle your credit card:

VISA MASTERCARD AMERICAN EXPRESS

Program fees will be automatically charged to the credit card listed below. Fees will be processed monthly, based on the schedule listed on your confirmation letter. *If you would prefer a separate credit card authorization form, one will be provided upon request.*

Card Holder's Name: _____ Security Code: _____

Card Number: _____ Expiration Date: _____

Billing Address: _____ Zip Code: _____

Signature _____

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For Office Use Only: N _____ G _____ QB _____ ED Server _____ Deposit _____ RL _____ S _____ CL _____ BL _____ CC _____ Returning _____

SCHEDULING INFORMATION

Three scheduling options are available. Please select one of the following:

I. Monday through Friday: Student attends sessions Mon, Tue, Wed, Thu, Fri for a total of **10 coaching hours**. This schedule is billed at \$880 per week.

II. Monday, Wednesday, Friday: Student attends sessions Mon, Wed, Fri for a total of **6 coaching hours**. This schedule is billed at \$528 per week.

III. Tuesday and Thursday: Student attends sessions Tue and Thu for a total of **4 coaching hours**. This schedule is billed at \$352 per week.

Select your scheduling preferences. Sessions begin at 8:30am, 10:30am, 1:30pm, and 3:30pm and are two hours long.

Week	I. Mon through Fri (10 coaching hours = \$880)	II. Mon, Wed, Fri (6 coaching hours = \$528)	III. Tue and Thur (4 coaching hours = \$352)
June 10 - 14	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
June 17 - 21	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
June 24 - 28	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
July 1-3 (closed July 4 th & 5 th)	**Mon, Tue, Wed** <input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	**Monday & Wednesday** <input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	**Tuesday** <input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
July 8 - 12	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
July 15 - 19	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
July 22 - 26	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
July 29 – Aug 2	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
August 5 - 9	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
August 12 - 16	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30
August 19 - 23	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30	<input type="checkbox"/> 8:30 <input type="checkbox"/> 10:30 <input type="checkbox"/> 1:30 <input type="checkbox"/> 3:30

Please indicate the areas of focus for your child's summer program:

- Reading I: Phonemic Awareness and Phonics (Spelling /Decoding)* *Reading II: Fluency and Vocabulary*
 Fundamentals of Writing—Sentences to Essays *Reading III: Comprehension*
 Mathematical Reasoning *Mathematical Concept Development*
 Perceptual Reasoning Training *Study Skills, Organization, and Planning*
 Standardized Test Preparation, including ISEE, SAT and ACT *Back to School 'Kick Start'*
 Other: _____

Upon submission of the Registration Form, you will be contacted by Bonnie M. Weiss, M. Ed., Director, to discuss the program as it relates to the specific needs of your child, as well as to finalize your child's schedule. If you have questions about the appropriate schedule or area of focus for your child, please contact the office.

Once the student's schedule is confirmed, it is the responsible party's obligation to pay the full fee regardless of whether or not the student attends all of his/her scheduled appointments.

By checking here, I agree to the scheduling, payment and policy information of The Family & Learning Center and accept responsibility for full payment of services. Additionally, by signing below, I authorize my child to receive Educational Coaching and related services. I also agree to receive electronic correspondence from The Family & Learning Center.

Signature

Parent/ Guardian Name

Date