



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 2021 Registration Form

STUDENT INFORMATION

Name (First, Middle, Last) _____

Age: _____ Date of Birth: _____

School: _____

Entering Grade: _____

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. The fee for each Educational Coaching summer session is **\$95/coaching hour**. A **\$570 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 June 7, 2021.

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 on the first of each month. *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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SCHEDULING INFORMATION

Sessions are scheduled on a first-come, first-serve basis. Please indicate your preferred schedule below.

	Step 1 Sessions/Week	Step 2 Time of Session	Step 3 Length of Session
Week	For the weeks your child is available, mark the days you'd like to schedule. <u>Minimum of 2 days/ week</u>	For each week, choose if you would like a morning or afternoon session time. (Sessions begin on the half hour from 8:30am-4:30pm)	Select the session length. 1 or 2 coaching hours
June 14-18	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
June 21-25	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
June 28-July 2	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
July 6-9 (closed July 5th)	<input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
July 12-16	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
July 19-23	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
July 26-30	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
August 2-6	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
August 9-13	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
August 16-20	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
August 23-27	<input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours

Sessions can either be virtual or in-person at the center, please select your preference.

In-person **Virtual**

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

Other collaborating professionals: _____

Upon submission of the Registration Form, you will be contacted by the center 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 center.

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

For Office Use Only: N____G____QB____ED Server____Deposit____RL____S____CL____BL____CC____Returning____