

Summer 2024 Registration Form

STUDENT INFORMATION

Name (First, Middle, Last)				
Age:	Date of Birth:			
School:				
Entering Grade:				
Regular Medications:				
Dietary Restrictions:				
PARENT/GUARDIAN INFOR	MATION			
Name(s) Dr. Mr. Mrs. Ms.:				
Relationship to Student:	Email A	ddress:		
Address:		City, State, Z	Zip:	
Home Phone:	Cell Phone:	W	ork Phone:	
Preferred Method of Communication	n (please check) E-mail	Cell Phone	Home 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 **\$110/coaching hour**. A **\$550 non-refundable deposit** 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 <u>does not</u> 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 canceled 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 3, 2024.

AMERICAN EXPRESS

Please circle your credit card: VISA

m t	fees will be	automatica	lly charged to	o the credit	card liste	d below F	Fees will b	he processed	on the f	irst of	each

MASTERCARD

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	

SCHEDULING INFORMATION

Sessions are scheduled on a first-come, first-serve basis. Please indicate your preferred schedule below. *A minimum of 5 sessions is required.*

	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.	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 10-14	MonTuWedThFri	AMPM	1 hour2 hours	
June 17-21	MonTuWedThFri	AMPM	1 hour2 hours	
June 24-26	MonTuWedThFri	AMPM	1 hour2 hours	
July 1-5 (Closed July 4th)	MonTuWedFr (Closed Thur, July 4th)	AMPM	1 hour2 hours	
July 8-12	MonTuWedThFri	AMPM	1 hour2 hours	
July 15-19	MonTuWedThFri	AMPM	1 hour2 hours	
July 22-26	MonTuWedThFri	AMPM	1 hour2 hours	
July 29 - August 2	MonTuWedThFri	AMPM	1 hour2 hours	
August 5-9	MonTuWedThFri	AMPM	1 hour2 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__