

PACIFIC LEARNING CENTER
365 FIRST STREET
LOS ALTOS, CALIFORNIA 94022
(650)948-4647 FAX# (650)947-0614
E-MAIL: PACLC@SBCGLOBAL.NET
Web site: PACIFICLEARNING.ORG

ENROLLMENT FORM 2011-2012

New Client: _____ Date: _____
Returning client _____

STUDENT'S NAME _____ B.D. _____ AGE _____
PARENT'S NAME _____ SCHOOL _____
ADDRESS _____ GRADE _____ TEACHER _____
CITY _____ STATE _____ ZIP _____
PHONE(S) _____ WORK _____ CELL# _____
Home (PLEASE NOTE WHICH PARENT)
EMAIL: _____ (optional)

Primary purpose for requesting our services: _____

Please indicate the math level ie. geometry, AP calculus, trig. etc., as well as AP or honors subjects

Please prioritize the subjects/areas you wish to have emphasized in the tutoring:

1: _____ 2: _____

Please summarize relevant parts of your child's school history (retention, moves, combination classes, personality conflicts, illness, etc.) which may be relevant:

Is tutoring viewed as _____ general support _____ remedial _____ enrichment
Is any language other than English spoken in the home/school? _____

Has your child ever been tested for learning disabilities either by the schools or privately? If so, please share the results with us. Yes _____ No _____

Does your child have an IEP? Yes _____ No _____ If YES, please provide a copy.

Does your child have a 504 Plan Yes _____ No _____ If YES, please provide a copy.

Is your child currently being seen by any other agency or personnel to support his/her education(e.g. speech services, or other tutors)? Yes _____ No _____

Please list: _____

Has your child been diagnosed with any syndrome which would require a learning specialist?
Yes ___ No ___

Please describe any health conditions (allergies, diabetes, etc.) of which we should be aware: _____

Please list any medications prescribed: _____

What is your child's attitude about attending tutorial sessions?

____ Positive ____ Fair ____ Reserved ____ Hesitant

Emergency Information

Please list a friend, relative or neighbor we can contact in case of emergency:

Name _____ Relationship _____ Phone# _____

In the case of younger children, please list the individual(s) to whom we are authorized to release your child:

Name: _____ Phone# _____

THE FOLLOWING INFORMATION IS HELPFUL TO US IN SETTING UP A PROGRAM FOR YOUR CHILD. PLEASE MAKE A SPECIAL EFFORT TO PROVIDE US WITH AS MANY OF THESE ITEMS PRIOR TO YOUR CHILD'S FIRST SESSION.

- *Copy of recent report cards
- *Copies of progress reports
- *Copies of standardized tests
- *Work samples for subject area of concern
- *Names of reading/math series or approaches used
- *Note from teacher regarding priorities of tutoring

SPECIAL NOTE*** *If you would like the tutor to communicate with your child's teacher, please sign and date an authorization on the bottom of this form.*

SCHEDULING PREFERENCES

Teacher preference(if known) _____ Start date: _____

Days of the week preferred: **M T W TH F SAT***

if available

Days NOT possible: **M T W TH F**

Number of sessions each week _____ Length of sessions _____

Time of day preferred:

Mornings (for kindergartners, etc.) _____

Afternoons/Evenings:

1:30 1:45 2:00 2:15 2:30 2:45 3:00 3:15 3:30 3:45 4:00

4:15 4:30 4:45 5:00 5:15 5:30 5:45 6:00 6:15 6:30 6:45

7:00 7:15 7:30 7:45 8:00

*******CANCELLATION POLICY*******

Once a schedule is set up, the time(s) you have chosen are reserved for your child. If a **STUDENT** needs to cancel a session, please call the office directly (NOT the tutor). **Regardless of the reason** for the cancel (illness, conflict, etc.) it will be billed at your hourly rate and is **not refundable** nor can it be made up without an **additional** fee of \$48.50/56/57 and only if the tutor's schedule allows. If a **TUTOR** needs to cancel a session a substitute will be provided when possible to ensure continuity of teaching. If a substitute is not requested or available, a refund or credit will be issued.

If you wish to discontinue tutoring services, we require **30 DAYS** notice directly to the OFFICE or in writing.

HOLIDAYS

Pacific Learning Center honors national holidays. We are **NOT** closed on **teacher in-service days or minimum days**. **Since we deal with many different school districts our holiday closures may differ from your school's closure**. Our holiday schedule will be included with your schedule confirmation and a copy is always posted in the waiting room. Feel free to request another copy at any time so we may avoid any misunderstandings about our closure dates.

UNDERSTANDING AND DISCLOSURE AGREEMENT

I have read and understand the above items and have answered all the questions to the best of my ability. I also understand the payment/billing schedule and agree that I am/spouse is the responsible party for payment

_____/_____
Signature Date

I hereby authorize Pacific Learning Center/tutor to communicate with my child's teacher

_____/_____
Signature Date