

Date_____



STUDENT ADMISSION FORM

Student Name_____ Grade_____ Date of Birth_____

Address_____

Home Phone_____ Cell Phone_____

Email_____

Referred by_____

Parents of Minor Student

Father_____

Business Phone_____ Cell Phone_____

Mother_____

Business Phone_____ Cell Phone _____

School_____

Emergency Contact

Name_____ Relationship_____

Phone_____

FAMILY/MEDICAL HISTORY

Please list all children beginning with the eldest:

NAME	AGE	GRADE

Did any family member have difficulty in learning to read, write, or spell? Include grandparents, aunts, uncles, and cousins of student as well as immediate family members.

Language(s) spoken at home _____

Place of Birth _____ Birth Weight _____

Please check appropriate items:

____ Full term ____ Premature

FAMILY/MEDICAL HISTORY CONT.

Does the student have difficulty with vision? _____ Wear glasses? _____ Color blindness? _____

Has vision been tested? _____ If yes, where and when? _____

Has the student ever complained of frequent headaches? _____

Childhood Illnesses

DATE	ILLNESS/DISEASE

Has the student had early ear infections or ear tubes? _____

Does the student show any sign of hearing difficulties? _____

Has the student's hearing been tested? _____ If yes, where? _____

Has the student ever been hospitalized? _____ If yes, please explain when and why.

Are there any other physical, hereditary, cognitive or other issues you would like to bring to our attention?

Has the student been tested by any other educational, medical or psychological agency? _____

If yes, when? _____

Name of Agency _____

Contact person _____

DEVELOPMENTAL HISTORY

Were developmental milestones appropriate? (i.e. speaking, crawling, walking)

SCHOOL HISTORY

Has the student ever been evaluated? _____ If yes, when? _____

Has the student ever received remedial help at school? _____ If yes, when? _____

Describe academic areas, methods used and outcomes.

Did the student attend preschool? _____ Kindergarten? _____

Were any grades skipped or repeated? _____ If yes, which one(s)? _____

Were there any years when the student was absent from school frequently? (3 weeks or more during the entire year) _____ If yes, how long and what were the reasons?

Were there any years when some experiences might have upset the student enough to negatively impact schoolwork? (i.e. deaths, moves, conflict with teachers or peers, family problems, etc.)

_____ If yes, please describe.

SCHOOL HISTORY CONT.

What is the student's general attitude towards school?

Were there years or times when the student disliked school?

Were there times the student expressed an inability to understand what s/he reads or an ability to read words?

Does the student avoid assignments? _____ Complain of an inability to concentrate? _____

Complain of inability to remember? _____ Appear disorganized? _____

Have difficulty with spelling? _____ Have difficulty with writing compositions? _____

Please Explain:

What are the student's interests? What does s/he do well? How would you describe the student?

Is there anything else about the student you would like to call to our attention?

PERMISSION TO EVALUATE

I authorize the Commonwealth Learning Center to administer the following evaluation:

_____ Educational Evaluation

_____ Speech and Language Evaluation

_____ Psychological Evaluation

PERMISSION TO RELEASE RECORDS

Check one:

_____ Please **DO NOT** share information with the school.

_____ Commonwealth Learning Center is authorized to share information, including tests results and progress reports, with my child's/my school.

Parent (or Adult Student) Signature

Date



BUSINESS POLICIES

At the time of enrollment, please initial each section to indicate that you have read and understood it. You will be given a copy for your records. Please let us know if you have any questions.

CENTER AND TEACHING SESSION

Registration Fee

The registration fee is due at the time of enrollment.

Length of Teaching Sessions

Teaching sessions are fifty minutes in length. Lost time due to lateness cannot be recovered. The session begins at the agreed time and ends at the conclusion of fifty minutes.

Sibling Discount

Siblings receive a 10% discount on all teaching sessions after the first enrolled student.

Tuition Payment

Tuition Payments are due when services are rendered and must be paid at the start of each session or prepaid on a weekly or monthly basis. Payment may be made in cash, by check, or by credit card (Visa or MasterCard only).

We do not bill. A monthly statement of your account will be mailed to you for your records.

Scheduling Changes

All scheduling changes must be made through the Director at least 24 hours in advance of the desired change. If you prefer to communicate with us via email, then scheduling changes must be made at least 48 hours in advance.

Cancellation Policy

Regular, consistent attendance is both an expectation and a requirement of the Commonwealth Learning Center.

All cancellations or requests to change a scheduled session must be made at least 24 hours prior to the time of the scheduled session. In the case of sudden illness, you must notify us prior to 8:00 A.M. on the day of the session. A message can be left on the answering machine when no one is available to answer the phone. For Needham, call 781-444-5193 and for Danvers, 978-774-0094. Otherwise, you will be billed for the session. There will be no charge if the teacher must cancel the session and we will call you. If a make-up session is desired due to teacher cancellation, one will be arranged as available.

Our teachers are trained and experienced professionals who have reserved valuable time to teach your child. If your child is absent, that time is irrevocably lost to the teacher and the Commonwealth Learning Center. Since we are making this commitment to you, by enrolling your child you are agreeing to commit to having your child attend each scheduled session unless s/he is truly sick or a critical situation arises which prevents attendance. Conflicts with extracurricular activities are not acceptable reasons for cancellation or changes in schedule. Students who attend irregularly may be asked to withdraw.

We ask that you notify the Director in advance of any vacation plans that would affect student attendance.

Snow Policy

CLC does not automatically close when schools are closed. Please call the center if you are unable to make a scheduled session due to inclement weather. If a teacher is unable to make the scheduled session, you will be contacted by phone.

Safety Policy

Elementary students must remain inside the Center's reception area where the parent or designee is asked to come and pick them up. This is for the safety of your child.

_____ **By initialing here, I indicate that I have read and understood the business policies.**

PARENT/SCHOOL COMMUNICATION

Progress Reports

Written progress reports are provided by the teacher every 20 hours of attendance or every 10 weeks.

School Communication

At your request, the CLC director will communicate with classroom teachers by email. We require a signed release form beforehand. There is no charge for this service.

_____ **By initialing here, I indicate that I have read and understood the policies regarding parent/school communication.**

Parent/Adult Student Signature

Date

Print Name Here



PAYMENT OPTION FORM

Please choose one of the following options that is most convenient for you. Payment is due prior to the service.

_____ On a weekly basis

_____ Payment at each session

_____ Monthly, using Visa or Mastercard

Exp. Date _____

3-digit code from signature strip _____

I understand that CLC does not bill, but will send a monthly statement of sessions for my records. By signing below, I am agreeing to the payment option I have chosen above.

Signature

Date

Print Name



TUTORING RESERVATION

STUDENT NAME: _____

PARENT NAME: _____

PHONE: _____

EMAIL: _____

TUTORIAL PROGRAM / TYPE OF TUTORIAL SUPPORT DESIRED:

TEACHER REQUEST (IF KNOWN): _____

START DATE: _____

NUMBER OF TUTORING HOURS PER WEEK: _____

REGULAR SCHEDULE (DAYS) REQUESTED: _____

TIME OF DAY REQUESTED: Tutorials are scheduled on the hour or half-hour

1st CHOICE: _____

2nd CHOICE: _____

3rd CHOICE: _____

We make every effort to match your schedule and teacher request. Applications are processed on a **first come, first served** basis. Thank you!

Parent Signature

Date



HOLIDAYS

On the following holidays, CLC will be closed and all scheduled sessions are automatically cancelled. You may make special arrangements, in advance, to hold a tutorial session on one of these days if the teacher is available.

- New Year's Day
- Martin Luther King Day
- President's Day
- Patriot's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day