

Intake Form/Saturday Classes/Tutoring Registration Form:
SCHOOL YEAR 2020-2021

Student Last Name:_____ First Name_____

Grade Level:_____ Age_____ D.O.B.:_____ SCHOOL:_____

Reading Level _____ Math Level: ___below level ___at level ___above level

EMERGENCY CONTACT: _____ TEL.# _____

Parent Last Name: _____ FIRST NAME: _____

RELATIONSHIP: ___ MOTHER ___ FATHER Cell phone #:() _____

Home phone #:() _____

Address: _____ Apt# _____ City _____ Zip _____

Responsible Adult for Pick-ups

Name: _____ Relationship to Student _____

Phone # () _____

_____ Check Here if you would like your child to walk home independently.

SATURDAY ENRICHMENT CLASSES 5 STUDENTS/GROUP

Math, Reading & Intensive Writing [9am-1pm]	<u>PRICE / Grade Level / # of Sessions</u>
Sat. Sep. 19 – Dec. 19, 2020 ___ Check to Apply for SEMESTER I	K-6th \$650 13 Classes OR \$50/class
3rd-6th STATE TEST PREP. Sat. Jan. 16 - Apr. 24, 2021 ___ Check to Apply SEMESTER II	K- 6 th \$650 13 Classes OR \$50/Class

READ CAREFULLY BEFORE SIGNING:

Code of Conduct:

I understand and agree that my child will receive detention or expulsion due to medical conditions beyond the expertise of the program, discipline problems; cursing, fighting, inappropriate behavior, punching, hitting, slapping or any other inappropriate physical or verbal action at or towards students, staff and/or The Scholars Corner and its property. I understand that my child has the duty to:

- Respect leaders, peers and facility
- Remain in designated areas

Children may also be suspended and/or withdrawn from program for the following reasons or at Director's discretion:

- Non-payment of tuition
- Failure to follow all policies by either child and or authorized adult.

Tuition Policy:

Tuition or first Installment must be paid in full before the classes start. **Payments that are \$300 or less must be paid in one payment.** Please check the Saturday Enrichment Price Chart for payment breakdown. **WE ACCEPT VISA/MASTER CARD payments, CASH payments, as well as personal checks. However, if you are registering your child two days/ one day or same day your child will start the program only CASH payments will be accepted. For checks allow three business days to process the payment before classes may begin.**

ALL CHECKS MUST BE MADE OUT TO: THE SCHOLARS CORNER LLC

Return Check Fee: Please note that any returned checks will incur a \$35 surcharge fee for no funds. One-bounced check will result in future payments to be made only in the form of cash or money order.

Termination of classes will take place if fees are not paid on the due date.

A \$20.00 late payment fee is applied to payments received two days after the due date.

Refund Policy:

There will be no refund for missed classes due to any reason. There will be no make up classes. However, the missed work can be obtained from a teacher the following week. If the refund is issued it will be made in a form of a check, please allow 3-4 weeks to process.

Attendance/Pick Up Policy:

All students must arrive on time at 9AM. Student must bring their lunch or snack, 2 or more sharpen pencils and an eraser to class. If a student is sick or shows signs of sickness, parent must bring a doctor's note that states student is fine to attend classes otherwise student can not attend class. Saturday Enrichment Program dismisses students at 1:00PM. Please, be advised to pick up to your child on time. Late pick-up fees of (\$1) dollar per-minute will be charged after 1:01 PM by the official school clock.

By signing this form you understand and accept all the rules and regulations written above.

FULL NAME:_____ Signature:_____ DATE:_____

TSC Director's Signature:_____

SATURDAY ENRICHMENT PAYMENT AGREEMENT:

Student Name: _____ **Parent Name:** _____

Tel # (____) ____ - _____

of classes: _____ X \$50 Coupon or Discount Applied: \$ _____

Total Tuition: \$ _____

Starting Date: _____

Payment Instalments:

SEMESTER I

1st Initial Payment due BEFORE classes start: \$ _____ PAID ON _____

2nd Installment DUE 10/24/2020 \$ _____ PAID ON _____

SEMESTER II

1st Initial Payment due BEFORE classes start: \$ _____ PAID ON _____

2nd Installment DUE 2/20/2020 \$ _____ PAID ON _____

**I, [PARENT FULL NAME] _____ agree to the above tuition payment
for my child, [student's name] _____ for the Saturday Enrichment Program.**

**I understand that my payments need to be made on time, according to the due dates stated above. Late
payments will resolve in the late fee stated in the contract.**

PARENT SIGNATURE: _____ **DATE:** _____

Director's Signature: _____