



The Reading Clinic Agreement

As part of the educational community, we are committed to helping students achieve their potential for learning through strengthening reading, spelling, writing, language comprehension and math.
We are so happy to have your child join **The Reading Clinic's Phonological Awareness Training Class.**

Pre-Requisites for this class:

- Child is able to speak clearly enough to be understood.
- Child can pay attention and carry out instructions for a set of activities each up to 10 minutes in length comprising a session that is fifty five minutes in length.
- Child interacts in polite and socially appropriate manner with an adult and with other children ages 4-6.
- Child is within one year of entering kindergarten or currently enrolled in kindergarten.
- Child is able to walk up and down or be carried up and down a set of stairs (no elevator – on 2nd floor).

I wish to enroll my child _____, age ____ in the Phonological Awareness Training Class.

Background information:

Check one: ___ Child is pre-schooler within one year of entering kindergarten
___ Child is currently enrolled in kindergarten

Child's Gender: ___ female ___ male

Name of Pre-school or School of Kindergarten: _____

Class Selection (check one):

___ **Phonological Awareness Class – Morning Session: 9-10 AM Tuesdays and Thursdays**
Start Date: Tuesday September 22nd
Finish Date: Thursday, December 10th
(Note: NO class – Week of Thanksgiving)

___ **Phonological Awareness Class – Afternoon Session: 3-4 PM Mondays and Wednesdays**
Start Date: Monday September 21st
Finish Date: Wednesday, December 9th
(Note: NO class – Week of Thanksgiving)

TOTAL DUE AT REGISTRATION: \$ 750

STUDENT DROP-OFF AND PICK-UP

Students must be dropped off no earlier than 5 minutes before class and picked up no later than 5 minutes after class. In addition, a \$1 per minute fee will be charged for watching the student beyond 5 minutes before and after class.

SCHEDULING, RESCHEDULING AND CANCELLATIONS

We schedule on a first come, first served basis. Space in classes will not be reserved until payment is received. Once class has begun, no makeup sessions are allowed. There are no refunds for unused hours of the camps. To cancel, notify us FIVE working days before the class begins. You will receive a refund minus a \$10.00 administrative fee. All classes are subject to cancellation if minimum registration is not achieved. In this case, full refunds will be issued.

Method of Payment:

We accept cash, personal checks, Visa and MasterCard as forms of payment. We do not accept American Express or Discover cards. A \$25 fee will be charged on all returned checks.

Please select one:

Cash _____ Check _____ MasterCard or Visa _____

If you prefer not to send your credit card information via email, please call us or fax in this agreement.

Phone: 650/325-0245

FAX: 650/362-0480

Credit Card #: _____ Exp. Date: _____

Name as it appears on the card: _____

Home address:

Billing Address:

Signature of Cardholder: _____

Payments via check should be mailed or delivered to:

The Reading Clinic
Attention: PATC
445 Sherman Ave., Ste. N
Palo Alto, CA 94306

I understand and accept all of the policies put forth in this document including the scheduling and cancellation policies and do hereby agree to abide by them through the duration of this program as well as future programs I may sign up for at The Reading Clinic.

Parent's Signature: _____ Date _____

Parent's Email: _____ Contact phone #: _____

TRC Representative: _____ Date: _____