

Reading Readiness Tutoring Services

Student Information

Name of Student: (last) _____ (first) _____

Date of Birth: _____ (MM/DD/YY)

Parent/ Guardian's Name: (last) _____ (first) _____

Home Address: _____

City: _____ Postal Code: _____ Phone Number: _____ Email: _____

Emergency Contact Information: _____ Phone Number: _____

Health/Medical Concerns: _____

Any Information I Should Know: _____

Contract of Tutoring Services

Fees are \$150.00 for 3 sessions, 5 sessions for \$235.00, 10 sessions for \$450.00 or 20 sessions for \$860.00. Fees are payable by cheque, cash, credit card or EMT. Fees may be adjusted from time to time, and will become effective after 14 days written notice. Packages are to be purchased before the first tutoring session of each package. Package fees are non-refundable, but are transferable to another child.

Cancellation of Session by Student/ Parent

We require at least 24hrs notice of cancellation. A full session is charged from your pre-purchased package if less than 24hrs notice is given or for a missed (no-show) session.

Obligations of the Tutor

The tutor will prepare all lessons and materials and will ensure they are structured in a way to benefit the student.

The tutor will keep all information about the student confidential. It would be helpful to be able contact other parties involved in your child's education (i.e., teacher), but only if approved.

I _____ give permission for *Erin Taylor and/or associates*, to discuss my child, _____ with my child's classroom teacher, _____ (teacher name).

Obligations of the Student

Homework, sight words/spelling words, and reading, that is assigned by the tutor, is an integral part of tutoring. For tutoring to be effective, it is essential that this work in completed each week and before the next session.

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Permission

I allow *Erin Taylor and/ or associates*, to tutor my child _____ at the designated location(s) – Court at Brooklin Retirement Residence, Spencer Community Centre, Brooklin Library & Community Centre, 45 Burning Springs Place.

Date: _____ Parent Name: _____ Parent Signature: _____

Current Goals and Expectations for Tutoring:
