



## ACLD LEARNING CENTER

118 E. Wood St.  
Youngstown, Ohio 44503  
(330) 746-0604 • acld@aol.com

### 2010-2011 Tutoring Registration

The 2010 - 2011 academic year for the ACLD Learning Center begins Wednesday, September 8<sup>th</sup>, 2010. The ACLD Learning Center is open Monday through Thursday from 9:00 AM to 6:00 PM. Please register as early as possible to insure availability of a time slot best suited for you with the most appropriate teacher.

The cost for tutoring is thirty dollars (\$30.00) per session.\* A non-refundable registration fee of twenty-five dollars (\$25.00) is required. The cost for a complete psycho-educational battery of tests is four hundred dollars (\$400.00). This evaluation is optional and an appointment must be made if you are interested in this service. An appointment for testing can be made by calling (330) 746-0604.

Parents of new students should make an appointment for a brief orientation and tour of the facility. Once your child has been registered, the time and teacher will be scheduled. Each year a complete registration form is required for each student, old or new. You will find the registration form on the back of this form. Students will be given diagnostic tests when services begin. The initial results will be sent within the first month of tutoring. These tests will be repeated to measure progress.

Payments may be paid by cash or check monthly, weekly or after each session and all absences must be paid for except when ACLD closes for snow days or any other reason. The local television stations will announce when we close or you will be contacted personally. Due to past delinquencies, accounts carried for more than one month will be assessed a finance charge. The parties agree that a finance charge of 1.5% per month shall be charged on any balance due and owing on the account for more than 30 days. This is an annual percentage rate (APR) of 18%. Past students will not be registered until past due accounts are paid in full. Our bookkeeper will be glad to discuss this with you.

Please feel free to call the office to discuss your questions or concerns. We look forward to a good year.

Sincerely,

*Erica Brown*

Director, ACLD Learning Center

\* the actual cost is \$45.00 per session (grants subsidize the \$15.00 additional cost)

# ACLD LEARNING CENTER • 2010 – 2011 Registration

## Please Print

Students Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_ Birthdate: \_\_\_\_\_  
Parent(s)/Guardian: \_\_\_\_\_  
Parent(s)/Guardian S.S. # : \_\_\_\_\_ E- Mail \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

### ACLD Hours: 9:00 AM - 6:00 PM Monday - Thursday.

Preferred time for tutoring. 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Days you are available (please circle): *Monday Tuesday Wednesday Thursday*

List areas of difficulty you would like to have your child work on: \_\_\_\_\_  
\_\_\_\_\_

Please indicate the number of days this student will attend per week: \_\_\_\_\_

#### Has this student: (please check)

Previously attended ACLD?	Yes: _____	No: _____
Had Psychological or Educational Testing?	Yes: _____	No: _____
Been Retained?	Yes: _____	No: _____ Grade _____

#### Is this student:

Diagnosed with ADHD	Yes: _____	No: _____
Medicated	Yes: _____	No: _____ Type _____

#### Has this student been diagnosed with:

<input type="checkbox"/> Learning Disabilities (SLD)	<input type="checkbox"/> Autism, Aspergers Syndrome, P.D.D
<input type="checkbox"/> Developmental Handicap (DH)	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Speech & Language Impairment	<input type="checkbox"/> Behavior Handicap (SBH)

I, \_\_\_\_\_, have read the attached information and understand that I am fully responsible for payment of all scheduled tutoring sessions. Absences must be paid for and I give my permission for \_\_\_\_\_ to attend the ACLD Learning Center.

### All Absences Must Be Paid for.

(Only exceptions: If ACLD closes for snow days or any other reason. The local television stations will announce when we close or you will be contacted personally)

\* \_\_\_\_\_  
(Signature of Parent(s) or Guardian(s)) \_\_\_\_\_ Date \_\_\_\_\_

\*The above signature denotes responsibility for payment of all fees

Office Use Only: Date Received: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_