



230 NE 9<sup>th</sup> St., Bend, OR 97701 ● (541) 419-3324 ● info@samaralearningcenter.org ● www.samaralearningcenter.org

## 2020- 2021 M.A.P.L.E. TUTORING

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

### Release of Information (ROI) Updates for Returning Students

If you would like staff of the Samara Learning Center to communicate with your child's teacher, school counselor, doctor, or other service providers, please sign the *ROI* (Release of Information) on page 3 if you have any updates or changes from when the New Student Form was completed and submitted to Samara Learning Center.

## Quarter, Day, & Time Selection

Choose the quarter you would like to register for: ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Samara follows the Bend La Pine District's calendar and school closure days (snow days, etc.)

	12:30 - 1:00	1:00 - 1:30	1:30 - 2:00	2:00 - 2:30	2:30 - 3:00	3:00 - 3:30	Temporarily not available	4:15 - 4:45	4:45 - 5:15	# of hours per day
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										

- Sign up through our website, or call to check for space availability. If you sign up via phone and choose to pay by check, please fill this form out and include it with your payment.
- Place an "X" on the day(s) and time(s) you're signing up your child for small group tutoring.

			2020-2021's Number of days in the Quarters				
Quarter		Last day early discount	Monday	Tuesday	Wednesday	Thursday	Friday
1	9/14-11/13	9/4/20	9	9	8	8	8
2	11/16-2/5	10/23/20	8	9	9	9	8
3	2/8-4/16	1/22/21	8	9	9	8	8
4	4/19-6/17	3/26/21	7	8	8	8	8

### **Group Tutoring**

### **Early Bird Price**

\$21/60 minutes

### **Regular Price**

\$24/60 minutes

### **Payment**

Payment is charged per quarter:

Day(s)/week multiplied by the number of days in the quarter = total cost per quarter.

### **EXAMPLES**

Quarter 1: Tuesday for 60 minutes =  $\$24 \times 9 = \$216$  total

Quarter 4: Monday for 60 minutes =  $\$24 \times 7 = \$168$  total

When paying by **credit/debit card** (online or in person), there is an additional 2.9% + .30 processing fee.

If paying by cash, check, or money order, please refer below, please submit the Tutoring Enrollment form (*page 1*), any supporting documentation you would like to submit in paper form (IEP, 504, school and/or neuropsychological evaluation, etc), and payment in the form of cash or check to:

Samara Learning Center

230 NE 9th St.

Bend, OR 97701

### **Prorate**

If tutoring begins after the start of a quarter, we will prorate based on the number of days remaining in the quarter.

### **Attendance and Refund Policy:**

Please notify Samara as soon as possible if you need to cancel your registration for any reason. If you cancel more than three weeks out before the registered quarter's session has begun, 75% will be refunded. A 50% refund will be given to cancellations made two weeks prior to the first day of the registered quarter. Less than two weeks prior to the first day of your registered quarter or absences during the quarter session will not be refunded. However, you may be able to reschedule for another day and time during the quarter if space is available. We follow the Bend La Pine school calendar. If we are unable to meet for tutoring due to unusual circumstances, such as snow days, power outage, or pandemic related reason also recognized by the Bend La Pine School District, we will carry over payment of those days missed to the following quarter.

**AUTHORIZATION TO RELEASE/RETRIEVE/EXCHANGE INFORMATION**

☐ I HEREBY CONSENT to Samara Learning Center to DISCLOSE and/or RELEASE information to the following parties. This includes written and verbal transfer of history, school records, mental health records, and/or records containing personal information relevant to the individual for the purposes of consultation, coordination with relevant professionals.

☐ I HEREBY CONSENT to Samara Learning Center to RETRIEVE information to the following parties. This includes written and verbal transfer of history, school records, mental health records, and/or records containing personal information relevant to the individual for the purposes of consultation, coordination with relevant professionals, and services.

**CLIENT** Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**The purpose of the exchange of information is:**

- \_\_\_\_\_ School Admissions review Process  
\_\_\_\_\_ On-going program planning/treatment  
\_\_\_\_\_ Psycho-educational assessment requested by the parent

Other: \_\_\_\_\_

**The type of information to be exchanged will include:**

- \_\_\_\_\_ Educational/language/movement – APE assessments  
\_\_\_\_\_ Medical records/assessment  
\_\_\_\_\_ Grade transcripts  
\_\_\_\_\_ Progress report information/goals and objectives  
\_\_\_\_\_ Psychotherapy reports  
\_\_\_\_\_ Psychological assessments  
\_\_\_\_\_ Other

**The period release is valid for:**

\_\_\_\_\_ Ninety (90) days      \_\_\_\_\_ On-going while receiving services at the Samara Learning Center      \_\_\_\_\_ Other

I hereby authorize the Samara Learning Center to exchange information regarding my child with the above-specified agency/individual. I certify that this release has been made voluntarily. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if client is under 18)

\_\_\_\_\_  
Relationship to Client