



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

M.A.P.L.E. TUTORING

2019-2020 Quarter Form

Date: _____

Student Name: _____

Grade: _____

School Name: _____

			# of days in the quarter			
Quarter		Last day early discount	Monday	Tuesday	Wednesday	Thursday
1	9/4 - 11/1	9/3/19	8	8	9	9
2	11/4 - 1/30	10/18/19	8	10	10	10
3	2/3 - 4/10	1/10/20	8	9	9	9
4	4/13 - 6/11	3/20/20	8	8	8	8

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

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

Place an "X" on the day(s) and time(s) you're signing up your child for small group tutoring. We will do our best to accommodate your first choice. Call to check for availability.

	2:00 - 2:30	2:30 - 3:00	3:00 - 3:30	3:30 - 4:00	4:00 - 4:30	4:30 - 5:00	5:00 - 5:30	5:30 - 6:00	# of hours per day
Mon.									
Tues.									
Wed.									
Thurs.									

Group Tutoring**Early Bird Price**

\$10/30 minutes

\$20/60 minutes

Regular Price

\$12/30 minutes

\$22/60 minutes

Individual tutoring \$65/hour (no early bird option)**Payment**

Payment is charged per quarter:

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

EXAMPLESQuarter 1: Tuesday for 60 minutes = $\$22 \times 9 = \198 totalQuarter 4: Monday for 60 minutes = $\$22 \times 7 = \154 total**Prorate**

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

Absences

There are no refunds for missed days. However, based on availability, rescheduling during the quarter is available.

Release of Information (ROI)

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.

*Please submit the Tutoring Enrollment form (*page 1*), any supporting documentation you would like to submit (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



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, and services provided by our Peer Support program under the Samara Success Program.

☐ 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 provided by our Peer Support program under the Samara Success Program.

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