Samara Learning Center
Soar with your strengths Manage your weaknesses

230 NE 9th 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.										

- 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 x 9 = $216 total

Quarter 4: Monday for 60 minutes = $24 x 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