



2017-18 TUTORING AGREEMENT

I, _____, agree to enroll _____ in the May Center Tutoring Program.

The May Center Tutoring Program uses the same research-based methodologies used in our school programs. Our tutors are trained in multisensory language instruction and are provided continuing professional development on relevant topics. May Center tutors work in a 1:1 setting with students in order to develop an individualized program of reading, writing, mathematics, and/or executive function skills.

Tutoring sessions cost \$65 per hour. Longer sessions can be scheduled with the approval of the program director.

MINIMUM COMMITMENT

In order for tutoring to be effective, sessions must occur regularly. At least two sessions per week with a minimum commitment of one school semester is strongly recommended. If other arrangements have been confirmed with the director of tutoring, please outline here:

LATE ARRIVALS & CANCELLATIONS

Students are expected to arrive on time for their sessions.

It is the responsibility of the student/parent to contact the tutor directly to advise of a late arrival, to cancel or to reschedule a tutoring session.

If a tutor **has not been** directly notified of a late arrival (of up to 15 minutes), they will wait for 15 minutes prior to cancelling a session. This session is then logged as a “**no show**” and the student is charged for the missed session.

If a tutor **has been** directly notified of a late arrival (of up to 15 minutes), the session will take place and end at the regularly scheduled time. Extending a session to make up for a late arrival is at the tutor’s discretion and subject to his/her availability. The student will be charged for a full session regardless of arrival time.

If a student must miss a scheduled session due to illness or other circumstances, **the tutor must be directly notified as far in advance as possible, but by no later than 8:30 am on the day of the session.** For cancellations after 8:30 am, the student will be charged for a full session. In the event of an emergency, reversal of charges for a late cancellation is made at the discretion of the director of tutoring.

Rescheduling of missed sessions is at the discretion and availability of the tutor.

PAYMENTS

Payment for tutoring sessions will be charged every other week to an authorized credit card. The credit card authorization form must be completed and on file by the start of the first tutoring session. If charges are declined, May Center reserves the right to pause tutoring services until the balance is paid or payment arrangements have been made.

FINANCIAL POLICIES

Interest on Late Payments

Interest of 2% per month will be charged for each month, or portion thereof, on payments that are more than 30 days overdue.

Insufficient Funds

Payments which are not processed due to insufficient funds (NSF), whether returned checks, declined credit card payments, or rejected electronic fund transfers, will be subject to a \$35 charge.

PHOTO POLICY

We use photos of students in May Center publications and online. We never include a student's name with their photo without parental consent.

Please indicate whether you give us permission to use your student's photograph:

___ I give permission for the use of my student's photo as outlined above.

___ Do not use my student's photograph.

HEALTH & EMERGENCY INFORMATION

My student has the following health problem/disability (for example, food allergies, diabetes, asthma, kidney problems, seizures, etc): _____

My student requires the following medication(s)/ action for allergic reaction:

My student is now taking the following medication(s) _____

My student may take non-prescription pain medication (e.g. Tylenol/Advil) if the need arises: _____ Yes ___ No

In case of illness or accident and you cannot reach me, May Center is authorized to notify:

Name: _____ Relationship: _____

Daytime Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

I/We hereby waive and release the person(s) designated above and May Center for Learning of any and all loss, claim or liability, which may result from such action.

AUTHORIZATION FOR MEDICAL SERVICES

In the event of an emergency, I/We hereby designate May Center for Learning faculty, staff, designated agent, authorized chaperone or his/her designee to act on my/our behalf to my/our student/ward while participating in tutoring services at the May Center.

In the event of an emergency, I/we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our student.

May Center for Learning will contact parent/guardian at the time of injury to inform them of any emergency actions taken on their behalf.

Students shall be transported to the emergency room only via ambulance.

I/We hereby assume financial responsibility for hospitalization, medical services, emergency transportation and surgery administered.

AUTHORIZED PERSONS TO PICK UP STUDENT

I give permission for the following adults (over 18) to pick up my student from tutoring:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Student Name: _____

This agreement, when signed by the parent(s) or guardian(s), constitutes a binding contract between May Center and the parents or guardians of the student. May Center for Learning reserves the right to dismiss any student whose conduct is no longer consistent with the standards and expectations of our organization.

AGREED AND ACCEPTED ON BEHALF OF THE STUDENT:

Parent/Guardian 1

Name Printed: _____

Address: _____

City/State/Zip _____

Daytime Phone _____ Additional Phone _____

Email: _____

Signature _____ Date _____

Parent/Guardian 2

Name Printed: _____

Address: _____

City/State/Zip _____

Daytime Phone _____ Additional Phone _____

Email: _____

Signature _____ Date _____

Office Use Only:
Accepted & Approved: _____

Date: _____