



Youth Information Form

CHILD'S INFORMATION

Child's Name (first/middle/last):		
Birth date:	Age:	Child's Social Security #
Grade:	School:	
Child's Name (first/middle/last):		
Birth date:	Age:	Child's Social Security #
Grade:	School:	
Address:		City:
Zip:	Home Phone:	
List child and check all that apply to your child, or write "None" for those that don't apply:		
	Allergies (type including food):	
	Diagnosed disability (explain):	
	Individualized Education Plan:	
	Medication (type and schedule):	
	Physical limitations (explain):	
	Special circumstances (explain on back):	

FAMILY INFORMATION (check parent/guardian to contact for questions):

Mother/Guardian's Name:		Employer:	
Work Phone:	Ext:	Mobile:	
Email:		Pager:	
Father/Guardian's Name:		Employer:	
Work Phone:	Ext:	Mobile:	
Email:		Pager:	

EMERGENCY INFORMATION - In an emergency, please contact the following first (circle) Mother or Father

Child's Doctor:	Doctor's Phone:
Child's Dentist:	Dentist's Phone:
Hospital Preference:	
Insurance Company:	Policy #:

IF MOTHER, FATHER OR GUARDIAN CANNOT BE REACHED, CALL:

Name:	Relationship to Child:	
Home #:	Work#:	Mobile#:
In addition to the above, list the names and relationships of persons to whom your child can be released:		
How did you learn about our program?		

POLICIES AND GUIDELINES

* Please read the following policies and sign below to indicate your understanding of these policies.

WAIVERS/PERMISSION

- I permit my child to participate in activities LWTB conducts outside physical space of the learning center.
- I permit LWTB to use images of my child as a LWTB program participant in internal and external promotional material. This includes any printed material, broadcast, and print advertising, promotional videos and the LWTB website.
- I permit LWTB and/or the media to use images of my child in broadcast and print media news coverage of LWTB. I understand that my child’s name will not be published unless permission is first obtained.

PAYMENT POLICIES

- Invoices - Invoices for program services are sent out at the beginning of each month for that month. Any changes throughout that month are addressed on the following month’s invoice. Invoice payments are due by the 10th of each month unless other arrangements have been made. I may not register my child for a new program until outstanding balances due on past programs are paid. Rates are subject to change over time.
- Insufficient Funds - If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child’s account up to date. I understand that I will be charged \$25 for each returned check. I will need to send cash, money order or a certified check within 10 business days after I receive notification letter from LWTB. At this point, personal checks will not be accepted. Payment in full, including associated fees, is required before my child can continue to participate in LWTB programs.
- Cancellations - Cancellation policies require 24 hour notice via phone or email unless it a catastrophic situation which will be decided by LWTB. In this situation, LWTB will make every attempt to reschedule during a mutually agreeable time.
- Refunds - I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted unless deemed appropriate by LWTB.
- Inclement Weather - I understand that programs are not available when school is closed due to inclement weather unless arrangements are made with LWTB. LWTB will make every attempt to reschedule during a mutually agreeable time.

POLICIES AND GUIDELINES

MEDICAL TREATMENT POLICIES

- Accident Insurance - Participants are responsible for their own accident insurance when using LWTB and when participating in LWTB activities.
- Medication - LWTB does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and LWTB may take appropriate action in the best interest of the child.
- Blood Borne Pathogen Exposure - I understand that, while my child is in the care of LWTB, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, LWTB will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician on the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, LWTB will provide the name and telephone number of the child's attending physician to the staff member.

* I have read and agree with the statement and specifically authorize LWTB to release the name and telephone number of my child's attending physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

ADDITIONAL TUTORING POLICIES

- Late Policy - Promptness is appreciated and LWTB will be happy to extend a 15 minute grace period. The wait period will be included as part of the session time. After 15 minutes, the session will be cancelled and payment is still expected for the missed session.
- Session Length - Tutoring sessions consist of 50 minutes of learning time with 5 minute pre and post lesson conferences to equal 1 full hour of time or 40 minutes of learning time with a 5 minute post lesson conference to equal 45 minutes of time.
- Holidays - No tutoring will take place on nationally recognized holidays and county recognized holidays unless other arrangements have been made. This does not include teacher workdays, early release, or summer break.
- Learn with the Best will make a good faith effort to educate your child to the best of our ability. We do not guarantee grade level performance as learning is a team approach involving Learn with the Best, the school, parents, and students.

*** I have read and understand all the policies stated above.**

(Signature of Parent/Guardian)

(Date)

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PRICE LIST

ONE-ON-ONE TUTORING AND/OR CONSULTING

- \$50.00 / 1hr. a week
- \$95.00 / 2hrs. a week (or 2 - 1 hr. sessions)
- \$48.00 / 3 - 5 hours a week
- \$45.00 / 6 -10 hours a week
- \$40.00 / 45 minutes a week
- \$75.00 / 1 ½ hours a week (or 2 - 45 minute sessions)

SAT / ACT PREPARATION (SIX WEEK SESSIONS)

For High School Only - 4-6 students per group

- \$72.00 / 1 ½ hours a week (one session of reading/writing or math)
- \$140.00 / 3 hours a week (one session of reading/writing and one session math)

* Prices are subject to change.

LOCATION AND DIRECTIONS

Learn with the Best
501 Keisler Drive
Suites 101 and 104
Cary, NC 27518

We are in the corner of Tryon Rd./Hwy 64 and Kildaire Farm Road across from Western Wake Med, Walmart/Harris Teeter, and Waverly Place.

As a landmark, there is a First Citizens Bank on our corner and Keisler Drive can be accessed either off of Kildaire Farm Rd. (between First Citizens Bank and the Fire Station) or from Tryon Rd./Hwy 64 (the new light/back entrance to Waverly Place).

On Keisler Drive, look for a sign that says "**WEST WAKE OFFICE CENTER**" and we are on the back side, lower level of the **FRONT BUILDING**. It is about 2 miles from our old office and can be found on Mapquest.