



Intensive 2008-09 School Year

Name _____ Home Address _____
City _____ Zip Code _____
Home Phone (_____) _____ **Child's Grade** _____ **Birth Date** _____
Place of Birth _____ **Primary Language** _____ **School** _____
Start Date in Springboard Program _____

My Child Needs Intensive Instruction in the Following Areas (Please circle One or more):

Math Reading Writing

Parent/Guardian Information

Parent's Name _____ Address (if different) _____
City _____ Zip Code _____
Occupation _____ Work Address _____
Home Phone (_____) _____ **Work Phone** (_____) _____ **Cell** (_____) _____
Work Schedule: _____
Email Address (please print clearly) _____

Parent's Name _____ Address (if different) _____
City _____ Zip Code _____
Occupation _____ Work Address _____
Home Phone (_____) _____ **Work Phone** (_____) _____ **Cell** (_____) _____
Work Schedule: _____
Email Address (please print clearly) _____

PLEASE CALL DR. BRETT PRILIK WITH ANY QUESTIONS AT 800-341-3177 X101

Please Initial: Authorizations & Policy

Enrollment Information: I have read and understand the enrollment information on admission and tuition. Initial _____

Hospital Transportation : I give permission for Springboard to release my child to be transported to (Name of Hospital) _____ (Hospital Address) _____ (Hospital Phone Number) (_____) _____ or to the nearest hospital by ambulance in the event of an emergency. Initial _____

First Aid/CPR: I give permission for the Staff of Springboard to administer First Aid & CPR to my child, if necessary. Initial _____

Picture Taking Permission Slip: I give permission for Springboard to take pictures/video of my child for the purpose of staff portfolios and center advertisements. Initial _____

Release of Records: I authorize Springboard to access and review all educational records, including but not limited to, an IEP, disability evaluations and test data for the purpose of providing instruction to my child. Initial _____

Medications - I understand that in order for my child to be given medications (prescriptions and/or over the counter medications) I must provide written authorization by the physician and parent. Initial _____

TV/Video - I give permission for my child to use or view TV and or Video games during their time at Springboard. I understand that the Site Coordinator monitors all TV exposure and Videos. Initial _____

Authorization Pick-Up Persons

(Please write "NONE" if no one else is authorized to pick up your child) _____

Name _____ Relationship _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Name _____ Relationship _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Persons

Please list emergency contact persons in the event we can not reach either parent

Name _____ **Relationship** _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Name _____ **Relationship** _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

I have read and initialed the above Authorizations and Policies

Parent Signature _____ Date _____

Health Information

Child's Allergies _____

Any Special Chronic Health Issues _____

Any Special Limitations or Concerns _____

Please sign indicating that child's medical record is on file at his/her school:

Hearing Issues: _____ Hearing Aid: Yes/No _____

Child's Identifying Marks: Race _____ Sex M F Height _____ Weight _____ Hair Color _____

Eye Color _____ Additional Information:

Does your child take any medication? _____ If yes, please describe:

Educational History

Please describe your child's academic strengths: _____

Has your child been diagnosed with a learning disability? _____ If yes, please describe:

Does your child require any special accommodations for learning, if so then please describe:

Who is your child's teacher? _____

What was your child's last report card grade in the subject area that you are requesting help in? _____

How long has your child had difficulty in the subject for which you are seeking help? _____

Besides grades, what other indicators make you believe that your child is in need of help?

I give Springboard staff permission to access all education related records that the school has in its possession and also allow Springboard to share any assessment data and information that is obtained with the school staff. *Signature:* _____ *Date:* _____

Tuition

APPLICATION FEE: A one-time yearly registration fee of \$25 is required of all parents/guardians (there is an additional \$5 charge for each child after the first). If you have more than one child attending the program, please fill out a second form). **Students without completed enrollment forms will not be eligible to use the program.**

TUITION: Springboard Intensive is billed on an "as needed" basis at a rate of \$25 per session. Each session is one hour and fifteen minutes in length. The parent/guardian and the Intensive Instructor will work out a schedule that is based upon the times in which they have scheduled sessions. At the end of each session, the parent/guardian of the child is asked to schedule their next session in advance. If a session has been scheduled and if the child is absent then the parent/guardian will be billed for the session unless a minimum of three hours notice has been given to the instructor. This notice can be provided either by email or phone that the child will not be in attendance. Parents/guardians can either contact the instructor directly or they can contact the Area Director for Colorado at 720-216-7709 or at jcyphers@springboardschool.com

BILLING: Parents/Guardians will be billed at the end of the month for all of the sessions that their child participated in for that month.

Please check the box next to the days each week that you believe your child will attend (this decision is not binding but is an estimate)

Day of the Week	Math	Literacy
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The Springboard Intensive schedule will be negotiated between the parent/guardian and the Intensive Instructor. All children must be picked up within 5 minutes of the agreed upon ending time for the session or may be subject to **an additional charge of \$1/minute for the time that the Intensive Instructor has to remain with the child.**

Please see the information on the next two pages for information regarding payment and payment. These pages are part of the enrollment form and must be submitted as part of the enrollment process!



Springboard methods of payment

We are pleased to offer you a simple and convenient way to pay for Springboard tuition —the Auto Recurring Credit and Checking Payment Plan. Your payment will automatically be charged to your Visa, MasterCard, Debit or Checking Account.

The Auto-Recurring Payment Plan will help you and us in several ways:

- It saves time and money – fewer checks to write and mail eliminating higher postage cost for both of us.
- Helps pay your bills in a convenient and timely manner – It eliminates late charges.
- Your payment is always on time—it helps maintain good credit.
- It's easy to sign up for, easy to cancel.
- Credit card user's benefit from points and rebates on their cards.

Here's how the Auto-Recurring Payment Plan works:

You authorize regularly scheduled charges to a credit card, debit card or to your checking account based on your enrollment. You will receive an email 5 days prior to billing providing you with intent to bill and then you will also receive an email confirming your auto-payment. The charges will appear on your credit card or bank statement. If you do not have or use email, you can also request a written summary of any charges. You can confirm any charges by requesting this information from our accounting department or by requesting this information from our head teacher on site.

Springboard provides this simple means for payment to keep costs low. This payment system enables us to keep administrative costs low so that more resources can be allocated to your child through the use of highly skilled teachers and state of the art technology. The Springboard Foundation is non-profit.

Please complete the attached authorization form and return it to us. The authority given will remain in effect until you notify us in writing to terminate the authorization.

Please complete the information below:

<p>I. TUITION: I _____ authorize _____ to charge/debit my account for payment of my tuition on a monthly basis.</p> <p>II. EXTRA CHARGES: I _____ authorize _____ to charge/debit my account for extra charges such as my enrollment fee, extended days or drop in days.</p>
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There will be a small charge assessed for all recurring transactions. For the use of a checking or savings accounts (ACH transactions) the charge will be a total of 40 cents per transaction (less than the cost of a stamp) and for the use of a credit or debit card the charge is 2.09% of the total Bill + 24 cents.

Account Type: Checking/Savings

Credit Card/Debit Card

Checking Account Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

If you are unsure of your account's routing number, please contact your bank for that information or see information below.

Credit Card

Visa MasterCard

Card Holder Name _____

Account # _____

Exp. Date _____

Address _____

City, State, Zip _____

Phone# _____

John Doe
Name on Account



241022233 333962222
Routing Number Account Number

Please print the names of your children attending Springboard:

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

I agree to notify Springboard in writing or email of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that cancellations must be made in writing or email and confirmed by Springboard it has received your correspondence. I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.

I also understand that any changes to my child's schedule must be in writing 30 days in advance. Your letter of change will be an amendment to this agreement for the new rate. Any extra days your child may attend Springboard during the month will be included in your next monthly payment. Please remember you must receive confirmation from Springboard that we received your letter/email of any changes.