Shaping Educational Futures
LEARNING RESOURCE CENTER
of Polk County, Inc.

1628 South Florida Avenue ♦ Lakeland, FL ♦ 33803
Phone: (863) 688-9477 ♦ Fax: (863) 688-0248
www.LRCPolk.com cathiew@LRCPolk.com

EDUCATIONAL SERVICES INFORMATION

Child's Name_____
(First) (Middle) (Last) (Nickname)

Date of Birth_____Student's ID#_____Age_____Race_____Sex_____

Home Phone_____Cell Phone_____Email Address_____

Mailing Address_____
(Street) (City) (Zip)

Father's Name_____ Mother's Name_____

Guardian's Name_____

Employer_____ _____

Work Phone_____ _____

Child resides with: ❒ both parents ❒ father ❒ mother ❒ Step Parent ❒ guardian

Child's current school_____Grade_____

Current teachers and subjects_____

Previous school(s)_____

Has your child ever been referred for individual testing in public school or been tested by a private psychologist? If yes, who and what date_____

Has your child ever been enrolled in a special program? ❒ Yes ❒ No

If yes, specify enrollment date(s) and program(s)_____

How did you hear about the Learning Resource Center? ❒ Flyer ❒ Newspaper ❒ School ❒ Other

If a specific person referred you, whom can we thank?_____

AdvancED

United Way

Describe briefly the circumstances resulting in request for services_____

_____

When did you first notice your child's need for academic assistance?_____

_____

Has your child repeated any grades? ❒ Yes ❒ No Which one(s)_____ Reason_____

_____

List subjects or skills which are difficult for your child:_____

_____

List areas in which your child does well in school:_____

_____

Does your child have difficulty following directions in school?_____

_____

What are some of the comments teachers have made to you regarding your child?_____

_____

Describe any inappropriate behavior which you have noticed?_____

_____

What are your child's favorite activities or special talents?_____

Number of brothers_____ Sisters_____ Ages of brothers_____ Sisters_____

Does your child enjoy reading?_____ Being read to?_____

Reading interest:_____

_____

MEDICAL INFORMATION:

List any medications your child is presently taking:_____

_____Dosage:_____

Reason(s)_____Physician_____

List any serious illnesses:_____Date_____

Please check all that apply:

❒ Most recent physical examination Date_____
❒ Has had convulsions ❒ Fainted/passed out?
❒ Vision examination Date_____
❒ Wears glasses Describe problem_____
❒ Hearing problems Describe problem_____
❒ Allergies Please list_____
❒ Speech therapy Describe problem_____

I, the parent/guardian of_____, authorize the staff of the Polk County School/Learning Resource Center to obtain first aid emergency medical care either through my own physician_____, phone_____or through a physician of staff choosing if necessary. I also agree not to hold the staff personnel or agents acting in its behalf for any accident or injury that may occur during the program.

Please include the name of a close friend or relative we may contact should your child not be picked up:
Name_____Phone_____
Name_____Phone_____

Please add any other comments or concerns that would be helpful in planning an academic program for your child:_____

_____

_____

_____

Parent's Signature_____Date_____

OFFICE USE:
Goals for tutoring:

Learning Resource Center of Polk County, Inc.
Tutorial Agreement

Student's Name_____ _____**Date**_____

We, the parents or guardians, have asked the Learning Resource Center of Polk County, Inc. (LRC), to enroll the student listed above in the one-to-one tutoring program with the understanding of the following terms:

- ✧ Services will continue until we, the parents or guardians, withdraw the student from the program.
- ✧ Services will continue until the LRC staff feels it is no longer beneficial. In such case, conference with the parent/guardian will be held prior to the termination of services.
- ✧ We agree to assume full financial responsibility for the fees (as adjusted by LRC on a periodic basis) and other charges associated with **tutoring (i.e. the tutor may schedule a teacher conference to coordinate remedial efforts and monitor on-going progress for up to 15-minutes per month or up to one hour per semester).** All charges will be billed monthly from our office and **will be due upon receipt. For all accounts with an outstanding balance of $25.00 or greater, which has not been received within 45-days, an automatic delinquent fee of $5.00 will be added to your account. There is a $15.00 service charge for all checks returned due to insufficient funds.**
- ✧ Services will **discontinue if payment is not received after one (1) month of service. If collection becomes necessary, the undersigned agrees to pay all related costs.**
- ✧ We agree to notify the tutor ***NO LATER THAN 12:00 NOON OF THE DAY OF TUTORING IF AN APPOINTMENT CANNOT BE KEPT (AT LEAST 3-4 HOURS EARLIER THAN AN APPOINTMENT IF TUTORING IS IN THE SUMMER).*** Any sessions missed and ***not canceled*** within that time will be ***CHARGED AS "NO SHOWS"*** at the parent's hourly rate for tutoring. Services will be ***discontinued after three (3) "no shows."*** _____***Please initial***
- ✧ We understand that tutoring services will begin after the ***advanced fee deposit for four (4) weeks of tutoring is paid***. The *advanced fee deposit will be applied to your first month of tutoring*. Thereafter, you will receive a bill from LRC each month. If you have not used a tutoring credit by the end of six months or the end of your tutoring the credit will be non-refundable.
- ✧ In consideration of being assigned to a tutor from the LRC, I agree that I will not employ said tutor independently for a period of **twelve (12) months following the completion of any services by the tutor for the LRC.**
- ✧ We understand that during the course of this program, my child may be photographed or videotaped. I hereby release any photos or video in which my child appears to be used for program information and evaluation. _____***Please initial***

_____

(Parent/Guardian Signature)

_____

(Address) (City) (Zip)

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PARENTAL PERMISSION FOR RELEASE OF STUDENT INFORMATION

_____
(Date)

I,_____, hereby authorize the Polk County
(Parent/Guardian)

School Board (or private school) to release the following portions of the records regarding my child:

_____
(Child's Name) (Date of Birth) (School)

to include:

(For Learning Resource Center-Only Highlighted Items)

- ♦ Teacher Checklists (sent by the Learning Resource Center) ***Enclosed***
- ♦ Cumulative grade record card, including current grades
- ♦ Achievement Test Data
- ♦ Psychological Testing and Staffing Forms
- ♦ Current Individual Education Plan and BASIS Test Scores or Service Plan

Release to the Learning Resource Center of Polk County, Inc. for the purpose of planning an individualized supplemental educational program. *I also give permission for my child's tutor to contact the current classroom teachers.*

Please return by school courier to: *Learning Resource Center, Rt. A*
***or* mail to: 1628 South Florida Avenue, Lakeland 33803**

_____ _____
(Parent of Guardian's Signature) (Relationship to child**)**

_____ _____ _____ _____
(Address) (City) (Zip) (Phone)

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Initial Consultation/Start-up Fee and Advance Fee Deposit Form

Student's Name_____Date_____

Parent's Name_____

As a non-profit United Way educational agency, the Learning Resource Center of Polk County, Inc. adjusts all fees based on ***total annual family income.*** A sliding fee scale is available if the total annual family income is ***less than $70,000*** per year. An initial **non-refundable consultation/start-up fee** and an advance fee deposit is required ***before tutoring services can begin.*** The advance fee deposit is for four weeks of tutoring services. The following formula is used to determine the advance fee deposit.

$_____	x	**1**	x	**4**	$_____		
***(hourly rate for tutoring)	x	(hours per week)	x	(4-weeks) = Advance Fee			

Or

$_____	x	**2**	x	**4**	$_____		
***(hourly rate for tutoring)	x	(hours per week)	x	(4-weeks) = Advance Fee			

		TOTALS	
		One hour	***Two hours***
*	Initial Consultation/Start-up Fee	$_____	$_____
*	Advance Fee Deposit	$_____	$_____
Total Amount Due *Before* Services Can Begin		$_____ ***or***	$_____

*** These figures are estimates if your total gross family income is less than $70,000 per year. The actual fees will be determined by your Application for Fee Reduction and verification of your family income.**

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Dear Parent:

Thank you for choosing the Learning Resource Center of Polk County, Inc., to meet your child's learning needs. Please complete the enclosed forms and return by mail to the Learning Resource Center.

The billing for tutoring is sent from our office on a monthly basis. As a non-profit United Way agency, our tutoring fees are on a sliding fee scale, based on gross annual family income. If your total gross family income is *less than $70,000 per year*, please complete and return the enclosed Application for Fee Reduction. ***Verification of your income is necessary*** in order to adjust our fees on the sliding scale.

There is an initial consultation fee and an advance fee deposit required before tutoring services can begin. This advanced fee deposit is for four weeks of tutoring services, and will be applied as a credit to your account.

Thank you, again, for allowing the Learning Resource Center of Polk County to be of service to you.

Sincerely,

Cathie Wright
Cathie Wright
Program Coordinator

Learning Resource Center of Polk County, Inc.
APPLICATION FOR FEE REDUCTION

The Board of Trustees of the Learning Resource Center, as a matter of policy, requests that anyone wishing to be considered for a reduction in the regular and customary fees, complete the following application.

Student's Name_____Date of Birth_____

Parent's Name_____Home Phone_____

Cell Phone_____Work Phone_____

Mailing Address_____City_____Zip_____

Employer(s)_____

Must Include: Income Verification-attach copies of recent paychecks and front sheet of your income tax forms.
If you feel you need special consideration, due to loss of a job, medical expenses, etc., please explain your situation on the back of this form.

Names	**Monthly Income**				
List the Names of Everyone in Your Household	Gross Monthly Earnings (***before*** deductions) Job 1	Monthly Welfare, Food Stamps, Child Support, Alimony	Monthly Pensions, Retirement, Social Security	Job 2 or Any Other Monthly Income	Total Monthly Income
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$
4.	$	$	$	$	$
5.	$	$	$	$	$
6.	$	$	$	$	$
7.	$	$	$	$	$
8.	$	$	$	$	$
9.	$	$	$	$	$
10.	$	$	$	$	$

Total Number of Household Members ☐ Total Monthly Income ☐

Parent Signature: Everything that I have stated on this application is correct to the best of my knowledge. I understand that you will retain this form whether or not financial assistance is given.

_____ _____
(Parent Signature) (Date)

COPY FOR YOUR RECORDS
PLEASE KEEP!!

Learning Resource Center of Polk County, Inc.
Tutorial Agreement

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(Parent/Guardian Signature)

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(Address) (City) (Zip)