



1628 South Florida Avenue ♦ Lakeland, FL ♦ 33803
Phone: 863.688.9477 ♦ Fax: 863.688.0248
www.cathiew@LRCpolk.com ♦ www.LRCpolk.com

Dear Client:

Thank you for choosing the Learning Resource Center of Polk County, Inc., to meet your 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. 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.

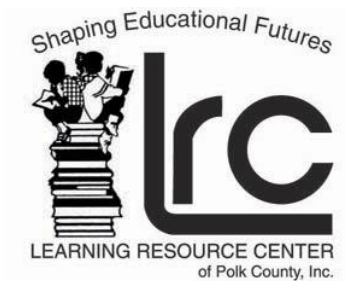
Sincerely,

Cathie Wright

Cathie Wright
Director of Education

Enclosures





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EDUCATIONAL SERVICES INFORMATION

Client's Name _____
(First) (Middle/Maiden) (Last)

Date of Birth _____ Age _____ Race _____ Sex _____

Home Phone _____ Cell Phone _____ Email Address _____

Address _____ City _____ Zip _____

Employer _____ Spouse's Name _____

Work Phone _____ Spouse's Phone Number _____

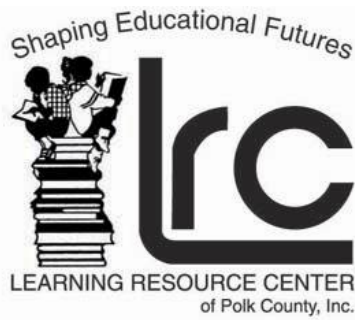
How did you hear about the Learning Resource Center? Flyer Newspaper School Other

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

Describe briefly the circumstances resulting in a request for services _____

Please add any other comments or concerns that would be helpful in planning an academic program.





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Tutorial Agreement

Client's Name _____ Date _____

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

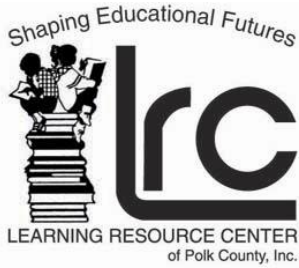
- ◆ Services will continue until I, the Client, withdraw from the program.
- ◆ Services will continue until the LRC staff feels it is no longer beneficial. In such case, a conference with the Client will be held by phone prior to the termination of services.
- ◆ I agree to assume full financial responsibility 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 provided you are in school/college). All charges will be billed monthly from our office and will be due upon receipt. For all accounts with an outstanding balance of \$35.00 or greater, which has not been received within 45-days, an automatic delinquent fee of \$5.00 will be added. There is a \$20.00 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.
- ◆ I agree to notify 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 APPOINTMENT IF IN THE SUMMER)**. Any sessions missed and *not canceled* within that time will be **CHARGED AS "NO-SHOWS"** at your hourly rate for tutoring. Services will be **discontinued after three (3) "no-shows."** *Please initial*
- ◆ I understand that tutoring services will begin after the **registration/start-up fee** and **advanced fee deposit for four weeks of tutoring is paid**. The *advanced fee deposit will be applied to your first month of tutoring (the registration/start-up fee is non-refundable)*. Thereafter, you will receive a bill from LRC each month.
- ◆ 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**.

(Client's Signature)

(Address)

(City)

(Zip)



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CREDIT CARD PAYMENT OPTION

The Learning Resource Center of Polk County, Inc. accepts several forms of payment for services: cash, check, money order, or credit card. If you choose to make your payment by credit card, you may choose to have this payment processed in one of four ways:

- 1. Fill out the information below, and return it to LRC (Please note, payments made in this manner are usually processed on the Friday AFTER a tutor has been assigned to your student or after enrollment in an LRC program has been received. Funds are not immediately deducted from your account.)
2. Call LRC to process payment over the phone.
3. Log-on to www.LRCpolk.com and select PAY MY BILL for fast and secure payment processing.
4. Using your SmartPhone, you can also scan the QR code at the right for a direct link to the online payment option.



Client's Name: _____ Phone: _____

LRC Program: _____

Please check: [] Payment [] Advance Fee Deposit [] Course Registration Fee

Credit Card: [] VISA [] MasterCard [] American Express [] Discover [] Check here if this is a DEBIT card.

Card Number: _____ Expiration Date: ____/____ CVC Code _____ (Three digit code on back of card.)

Billing Address: _____ (City) (State) (Zip)

Name as it appears on Credit Card: _____

E-mail Address (for electronic receipt of payment): _____

(Signature) (Date)

Amount to be charged \$ _____

- [] Use my credit card for this month's billing only.
[] Use my credit card for all future billings.
(NOTE: We will continue to send monthly invoices of your payment activity.)





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

Client's Name _____ Date _____

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.

$$\frac{\$ \quad \quad \quad \times \quad \quad \quad \mathbf{1} \quad \quad \quad \times \quad \quad \quad \mathbf{4} \quad \quad \quad \$}{\text{*(hourly rate for tutoring)} \quad \times \quad \text{(hours per week)} \quad \times \quad \text{(4-weeks)} = \text{Advance Fee}}$$

Or

$$\frac{\$ \quad \quad \quad \times \quad \quad \quad \mathbf{2} \quad \quad \quad \times \quad \quad \quad \mathbf{4} \quad \quad \quad \$}{\text{*(hourly rate for tutoring)} \quad \times \quad \text{(hours per week)} \quad \times \quad \text{(4-weeks)} = \text{Advance Fee}}$$

TOTALS

	One hour	Two hours
* Initial Consultation/Start-up Fee	\$ _____	\$ _____
* Advanced 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.**

