

LEARNING ESSENTIALS, LLC

Phone: 240-750-7189 Web: www.TutoringLE.com Email: info@TutoringLE.com

Registration, Policies and Procedures

- **Workshop Dates, time and location**-Session 1: August 6, 7, 8, 9, 2012; Session 2: August 13, 14, 15, 16. 9:00am-12:00pm. Brain Camp will be held in the conference rooms of Seneca Creek Community Church, 13 First Field Road, Suite 100, Gaithersburg, MD
- **Needed Documents**-Help us best help your child by sending a copy of your child's most recent report card and any available assessment reports along with your tuition payment and application. These documents are recommended, not required. If you are actively receiving tutoring services from Learning Essentials, current assessments are on file and are not needed.
- **Total tuition is due at time of registration.** Classes are filled on first come, first paid basis. Maximum 20 students per class; minimum 15 students per class.
- **Cancellation Policy**-
 - 100% Refund: Cancellation two weeks or more before workshop start.
 - 50% Refund: Cancellation 1 week before workshop start
 - No Refunds within 6 days before workshop start.
 - No charge to change workshops if openings are available.
- **General Requirements**- Brain Camp is designed for students that want to do better in school. Good effort and citizenship are required. Students who demonstrate behavior problems may be asked to withdraw from the program; tuition cannot be returned.
- **Make-ups**-Due to the intense nature and depth of Brain Camp, we do not offer make up classes. Sorry, we do not prorate for missed classes.
- **Initial Contact**- Upon receipt of registration and payment, you will be emailed confirmation. Please expect a call from your child's instructor approximately a week in advance of your start date to discuss any questions, concerns and/or your particular goals.

Mail Application, total tuition and other requested forms to:

Learning Essentials/Brain Camp
43 Midline Court
Gaithersburg, MD 20878

Questions: Phone: (240) 750-7189
Email: info@TutoringLE.com

Thank you in advance for your business!! We look forward to working with you and your child. Please contact me if you have any questions or concerns.

Happy Learning!

Wendy Taylor, M.Ed.
Founder, Learning Essentials

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Client Information: Please complete the information below.

Client Name: _____	
Gender: M F	School: _____
Current Grade: _____	Home Number: (____) ____-_____
Home Address: _____ (Street) _____ (City) (State) (Zip)	
Parent/Legal Guardian 1: _____	
Contact Info: Cell (____) ____-_____	Work: (____) ____-_____
Email Address: _____	
Parent/Legal Guardian 2: _____	
Contact Info: Cell (____) ____-_____	Work: (____) ____-_____
Email Address: _____	
**Would you like to receive our monthly newsletter via email and other promotions? Yes No	

Additional Information:

1. Describe any special services your child has received (tutoring, resources program, speech).

2. Has your child ever repeated a grade? Yes No

3. Describe your goals for Brain Camp:

4. Does your child have any health issues we should be aware of? If yes, please explain:

5. How did you hear about Brain Camp?

I/we, the Parent(s)/Legal Guardian(s) of the above named Participant, consent to the minor Participant's participation in Brain Camp, acknowledge the risks associated with the Participant's participation therein, and in consideration of my/our minor Participant's permission to participate in said Brain Camp agree to be bound by this Waiver of Liability and Hold Harmless Agreement and the terms contained herein. Additionally, I/we consent to Brain Camp seeking reasonable and necessary medical treatment for my/our minor Participant during Brain Camp, and agree to be responsible for any cost/expenses associated with such treatment.

Parent/Guardian Signature _____ **Date** _____