Come Read with Me

2017 Spring Registration Packet

****** Please complete all pages ******

Student Service Agreement

Thank you for choosing to participate in the Come Read with Me program. We are passionate about life- long learning and strive to provide classes and activities that promote continued cognitive function, real life application and appropriate social interaction. Our students and their families are truly valued. In order to provide each student with opportunities to work on specific skills, develop certain talents or explore new interests, an open dialogue with both the student and caregivers is greatly encouraged. Please let us know how we can best serve you or your family member.

CLASSES

Come Read with Me offers a variety of classes throughout the year. A monthly class schedule is available to pick up at the school or may be found online at **www.comereadwithme.us**. Students may enroll in classes of their choosing based on his or her interest, need and availability of class openings. A list of classes with openings available to current and potential students will be posted in the school's office.

ENROLLMENT

Students must register for classes on a semester basis. New students may have a probationary period of two classes before they are added permanently to the semester class roster. Students may enroll for one class (2-hour morning or afternoon) up to a full day of classes (5 hours).

ATTENDANCE

Because our staffing costs remain consistent and do not change according to the attendance each day, students register for each semester. To ensure consistency in learning, students currently enrolled have the opportunity to pre-register for the next semester. **When registering for a class, each student/family assumes responsibility for payment of each class whether they attend or not, throughout the entire semester.**

Approvals to drop a class during a semester and be released from the agreement to pay for full semester cost will be considered only when individual circumstances occur beyond the student's control:

1. Moving from the area
2. Permanent student job changes, however, CRWM staff will explore other openings in classes that might better fit the student's new work schedule
3. Long-term health issue

Individuals who would like to begin classes after the start of a semester are welcomed. New students may access classes which have openings or may get private tutoring. If there are several students waiting for classes, additional classes may be added, provided there is an instructor for the new class and the number of other students which would also attend. Class size must be large enough to support the staffing cost. Current students may add classes during the semester if there are available openings.

ABSENCES / MAKE-UP DAYS

In order that students have the opportunity to receive as much instruction as their tuition allows, students may makeup days missed at another time or date during the same month. If a student chooses to ALSO come to a special event that occurs on a day for which they did not register, that extra day will be billed within that calendar month.

COMMUNICATION / CORRESPONDENCE

It is the intention of Come Read with Me to keep in close contact with parents/guardians and students alike. Come Read with Me uses email as its preferred method of correspondence. Check your email for important information as well as Monthly Invoices. Please be sure to keep your email address current. We also appreciate receiving your correspondence through email (especially informing us of absences). If you are unsure of the person to contact, please direct your emails to **tom.quinn@comereadwithme.us**.

WELLNESS / POLICY

Because many of our students have compromised immune systems, Come Read with Me has a strict wellness policy. If a student comes to school sick or begins to feel ill while in class, we will call the student's family or caregiver to pick up student so that everyone receives the best care.

PAYMENT POLICY

Tuition payments are accepted daily, or monthly. Payment is due upon receipt of a monthly statement. Come Read with Me works with many area providers and funding sources (such as HCS, respite, Supportive Home Living, etc.) and applies those payments to the student's tuition cost. Student Attendance Records are available after the 1st of the month and provide the necessary detail for providers regarding all classes attended for the previous month and the amount due. If you are interested in learning how to obtain public funds, please contact Come Read with Me office staff member.

ADDITIONAL FEES

Fee Schedule to be paid at the time of registration:

- Online Curriculum registration: $47
- Student Usage Fees: $20 x number of months in the semester (Spring semester is for 4 months). It will cover such items as books, computers, computer programs, bathroom supplies, kitchen supplies, insurance coverage, rent, classroom/art supplies, office supplies, etc.

Fees to be paid monthly:

- Lunch Fees: $7 *x* number of days student registers for each month or may be paid by the individual daily.
- Tuition: $12/hr. Please remember that the tuition we must charge is based on the student's ability to function independently. Those students who require an individual aide or assistant are welcomed as is the aide who attends with them. we need to have an extra assistant for students who do not have an attendant with them, we must charge an additional amount which will pay for the extra helper/teacher, etc.
- If you wish to become part of a program which will conduct regular testing and documentation over a lengthy period of time, please contact the Executive Director, Tom Quinn **tom.quinn@comereadwithme.us**. We are working with area universities to gather data helpful for planning the futures for our students as well as for the next generation of students with exceptional needs.

- Individual reading, math and visual perception assessments will be conducted for **new** students at a cost of $55.00. Subsequent tests may be conducted periodically to help track cognitive skill gains or losses. We are working toward understanding the long-term function of adults with intellectual and developmental disabilities. Students assessed over a significant period of time, helps us and those doing research to better plan and care for those we serve now and in their futures. You may request additional assessments at a cost of $55.00/per assessment- not to exceed 2 assessments per calendar year and the cost will be included in the monthly statement in which the assessment was conducted.

ADDITIONAL SERVICES

Arrangements for scheduling and payment for private therapy or individual tutoring are made between the tutor/ therapist and the student/family. Come Read with Me is pleased to make these services as available to the students as possible, but is in no way responsible for the content nor the financial arrangement for the sessions.

SCHOLARSHIP

Our passion for life-long learning extends to all students.

Come Read with Me is a 501 (c) (3) nonprofit organization so your gifts are tax exempt and making a big difference in someone's life.

Please consider making contributions to our scholarship fund when making memorials, special tributes, etc. All contributions are tax deductible.

We are excited to be given the opportunity to Read with You!

Sincerely,

The Come Read with Me Staff and Board of Directors
Tom Quinn-Executive Director
tom.quinn@comereadwithme.us
901 Clinic Drive, Suite D109
Euless, TX 76039
817.553.7323

Come Read with Me

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Student Registration Form

It is necessary that we have a hard copy of current contact and medical information for each student signed by the student and their guardian. Please advise if telephone numbers or medical needs change.

Schedule a registration appointment with Tom Quinn at **817.553.7323** or email at **tom.quinn@comereadwithme .us**

(Please complete packet before your appointment.)

STUDENT INFORMATION			
Name			Female Male
Nickname	Date of Birth		
Street Address			
City	State	Zip	
Student Home Phone			
Student Cell Phone			
Student Email			

PARENT OR GUARDIAN INFORMATION (Primary Emergency Contact)		
	PARENT OR GUARDIAN	**PARENT OR GUARDIAN**
Name		
Address if Different From Student		
Home Phone		
Cell Phone		
Work Phone		
Email		

ALTERNATIVE EMERGENCY CONTACT INFORMATION		
Name		
Relationship		
Home Phone		
Cell Phone		
Work Phone		

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Euless, Texas 76039 817-553-7323

Student Registration Form

I ____give ____not give my permission to share contact information with other students or their family members for the purpose of sharing rides or attaining transportation services from other agencies.

Student Signature	**Date**
Parent/Guardian Signature	**Date**

I am currently receiving these services through MHMR or one of the Waiver Programs:

Service Coordination	**_____yes _____no _____have applied**
Texas Home Living (TXHL)	**_____yes _____no _____have applied**
CLASS	**_____yes _____no _____have applied**
HCS	**_____yes _____no _____have applied**

Name of MHMR Service Coordinator	**Contact information:**
Name of Private Provider you have chosen	**Contact Name and Contact information**

Field Trip Policy Statement

Come Read with Me may occasionally take the students on field trips. A student will not be allowed to participate in a field trip unless the parent/guardian has signed this permission form. Parents/Guardians will be given advance notice of the dates and locations of all field trips. Additional fees may be required for admission prices, transportation costs, etc.

I give my permission for (Name of Student)

to go on field trips. I release Come Read with Me and individuals from liability in case of accident during activities related to Come Read with Me, as long as normal safety procedures have been taken.

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness Signature Date

Come Read with Me

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Medical Release Form
Student Medical Information

Please complete

MEDICAL INFORMATION
Describe medical diagnosis and medical information that might be necessary for teaching staff to know, i.e. allergies, seizure management, etc.

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and medical and/or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for

Name of Student

And, as parent/guardian I waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Student Signature	Date
Parent/Guardian Signature	Date

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Release and Hold Harmless Agreement

I hereby acknowledge that I have voluntarily chosen to participate in, take direction from, and/or be a part of activities and nutritional direction offered by the Come Read with Me Program. Including, but not limited to, exercise using boxing equipment, Wii fitness and sports programming, and Listening programming.

I understand the risks involved in the Program. I recognize that the Program and its activities involve risk of injury and I agree to accept any and all risks associate with such programs, including, but not limited to property damage or loss, minor bodily injury, severe bodily injury (whether long term or short term). Furthermore, I recognize that participation in the Program involves activities and risk incidental thereto, including but not limited to limited availability of medical assistance and the possible reckless conduct of other participants. I am voluntarily participating in the Program with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, or bodily injury.

In consideration of my participation in the Program and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Come Read with Me and its officers from and against all claims arising out of or resulting from my participation in the Program. I addition, I voluntarily hold harmless Come Read with Me, its officers from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend and hold harmless Come read with Me and its officers, for any claim rising out of or incident to my participation in the Program, unless claim is cause by the sole negligence or willful misconduct of Come Read with Me.

I understand that Come Read with Me does not provide any medical or dental insurance or life insurance of any kind to cover these expenses, if any.

I further understand that this acknowledgement of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that his acknowledgement of risk and hold harmless is effective for as long as I participate in the program.

Student Name (Printed)	Date
Student Signature	

Parent/Guardian Name (Printed)	Date
Parent/Guardian Signature	

COME READ WITH ME – Wii RELEASE

PLEASE CAREFULLY READ THE OPERATIONS MANUAL COMPLETELY BEFORE USING YOUR Wii HARDWARE SYSTEM, GAME DISC OR ACCESSORY. THIS MANUAL CONTAINS IMPORTANT HEALTH AND SAFETY INFORMATION.

IMPORTANT SAFETY INFORMATION: READ THE FOLLOWING WARNINGS BEFORE YOU OR YOUR CHILD PLAY VIDEO GAMES.

▲WARNING - Seizures

- Some people (about 1 in 4000) may have seizures or blackouts triggered by light flashes or patterns, and this may occur while they are watching TV or playing video games, even if they have never had a seizure before.
- Anyone who has had a seizure, loss of awareness, or other symptom linked to an epileptic condition should consult a doctor before playing a video game.
- Parents should watch their children play video games. Stop playing and consult a doctor if you or your child has any of the following symptoms:

  - Convulsions
  - Eye or Muscle Twitching
  - Altered Vision
  - Loss of Awareness
  - Involuntary Movements
  - Disorientation

- To reduce the likelihood of a seizure when playing video games:

  - Sit or stand as far from the screen as possible.
  - Play video games on the smallest available television screen.
  - Do not play if you are tired or need sleep.
  - Play in a sell-lit room.
  - Take a 10 to 15 minute break every hour.

▲WARNING –Repetitive Motion injuries and Eyestrain

Playing video games can make your muscles, joints, skin or eyes hurt. Follow these instructions to avoid problems such as tendonitis, carpal tunnel syndrome, skin irritation or eyestrain:

- Avoid excessive play. Parents should monitor their children for appropriate play.
- Take a 10 to 15 minute break every hour, even if you don't think you need it.
- If your hands, wrists, arms or eyes become tired or sore while playing, or if you feel symptoms such as tingling, numbness, burning or stiffness, stop and rest for several hours before playing again. If you continue to have any of the above symptoms or other discomfort during or after play, stop playing and see a doctor.

▲CAUTION–Motion Sickness

Playing video games can cause motion sickness in some players. If you or your child feels dizzy or nauseous when playing video games, stop playing and rest. Do not drive or engage in other demanding activity until you feel better.

- I have read the Safety Information and Warnings included in the Wii Manual and give permission for the following student to use the program while attending Come Read with Me classes.

Student Signature	Date
Parent/Guardian Signature	Date

RELEASE FORM

By signing this release form, I authorize COME READ WITH ME, to use the following personal information:

(1) My picture - including photographic, motion picture, and electronic (video) images.
(2) My voice – including sound and video recordings. I hereby grant to COME READ WITH ME, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant COME READ WITH ME all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant COME READ WITH ME the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for COME READ WITH ME's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on this the _____ day of _____, 2017.

Print Name: _____ Date: _____

Signature: _____

If release is provided on behalf of a minor (or students who have a legal guardian):

I hereby certify that I _____ am the parent of the student under eighteen years, or legal guardian of _____, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

Parent/Guardian (Print)	Date
Parent/Guardian Signature	
Witness (Print)	Date
Witness Signature	

Come Read with Me

901 Clinic Drive, Suite D109
Euless, Texas 76039 817.553.7323

Acceptance of the Terms of the Student Service Agreement

I have read and understand the information contained in the Student Service Agreement.

Student Name (Printed)	Date
Student Signature	

Parent/Guardian Name (Printed)	Date
Parent/Guardian Signature	

CRWM Name (Printed)	Date
CRWM Signature	

Come Read with Me

Enrollment Contract

Enrollment Contract for: Fall *I* Spring *I* Summer (circle one) Year 2017

Come Read with Me has accepted _____ for enrollment at Come Read with Me for the above semester.
Student Name

Come Read with Me agrees to provide educational services in accordance with the organization's current programs, rules and procedures.

By signing below, the undersigned (hereafter referred to "Parent/Guardian") agrees to pay the tuition as follows:

Parent/Guardian acknowledges that timely payment of tuition and other billable fees are essential elements which will allow Come Read with Me to operate consistently over the long term.

Parent/Guardian therefore acknowledges, agrees and consents to the following:

No refund or reduction of tuition or fees will be made for withdrawal, absence or dismissal of the student, with the exceptions noted in the Student Service Agreement. Family/guardian/student will be responsible for fees not paid within 45 days by their private provider.

No payment for tuition, fees or other charges becoming 60 days in arrears will result in the student's dismissal from the agency. There will be a $25 charge for all returned checks.

ACKNOWLEDGMENT: Parent/Guardian responsible for account has read and agreed to the terms and conditions set forth herein.

Signature(s) of Parent(s) or Guardian(s) financially responsible for the student:

Parent/Guardian Name (Printed)	Date
Parent/Guardian Signature	

Come Read with Me

Class Schedule — Spring Semester
January 2nd 2017, — June 1st 2017

JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

APRIL

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY/JUNE

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Come Read with Me
will be closed:
Jan.16th, Feb 20th & May 29th

Summer Session begins:
June 5th

DAY/TIME	COURSE	INITIAL BY CLASS CHOICES
Monday	**Bring Sack Lunch**	
10:00 – 3:00	Specialized Classes with Math & Reading (Please speak with Office Staff regarding classes on offer)	
Tuesday		
10:15 – 12:30	Student Rotates Through: Social Skills, Crafts & Computers with Math/Reading	
12:30 – 1:15	Lunch	
1:15 – 2:35	Student Rotates Through: Kitchen Skills & Social Studies	
2:35 – 3:00	Independent Computer Lab& Educational Games	
Wednesday		
10:15 – 12:30	Student Rotates Through: Reading, Math & Everyday Life Skills	
12:30 – 1:15	Lunch	
Choose **ONE (1)** of These Classes:		
1:15 – 2:00	Choir	
	Computer with Math & Reading	
	Choose **ONE (1)** of These Classes:	
2:00 - 2:45	Kitchen Skills	
	What's In The News	
	Brain Gym	
2:45 – 3:00	Independent Computer Lab & Educational Games	
Thursday		
10:15 – 12:30	Student Rotates Through: Reading, Math & Computers with Math/Reading	
12:30 – 1:15	Lunch	
	Choose **ONE (1)** of These Classes:	
1:15 – 2:00	Dance Movement	
	Kitchen Skills	
2:00 - 3:00	Student Rotates Through: Phonetics & Independent Computer Lab	
Cost: $12.00 per hour plus $7.00 per day for lunch.		

Student Signature:	Date:
Parent Signature:	Date:

Come Read with Me Tuition Receipt

Name of Student:

2017 Spring Semester (1/2/17 – 5/29/17)

Tuition Worksheet / Receipt

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

April

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May/June

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Come Read with Me
will be closed:
Jan.16th, Feb 20th & May 29th

Summer Session begins:
June 5th

Fees To Be paid At Time Of Registration. Student May Not Begin Classes Until Registrations Fees Are Paid. The Providers Do Not Pay This Fee.

Technology Fee	$47
Student Usage Fees: $20 x 5 months in the semester	$100
Total Due	$147

Weekly Fees To Be Billed:

Day of Week	Hours per Day	x $12.00 per Hour	Lunch @ $ 7.00 per day	Hourly Total	Total
Monday	2	24	N/A	24	
	3	36	N/A	36	
	4	48	N/A	48	
	5	60	N/A	60	
Tuesday	2	24			
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
Wednesday	2	24			
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
Thursday	2	24			
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
Friday	2	24			
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
Initial assessment for **new** students: $55.00					

Date Paid	
Payment Method	
Amount	
Received by CRWM Staff	

Special circumstances:_____

_____

_____