

# RETURNING STUDENT PACKET

Come Read with Me

901 Clinic Drive, Suite D109  
Eules, Texas 76039 817.553.7323

## Student Registration Form

**\*\*\* Please Update Any New or Changed Information \*\*\***

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](mailto: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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## 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	

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# Come Read with Me

## Enrollment Contract

**Enrollment Contract for:** Summer 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

...and so much more!

## Class Schedule — Summer Semester

June 5<sup>th</sup> 2017, — August 31<sup>st</sup> 2017

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	

JULY						
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					

AUGUST						
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		

SEPTEMBER						
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

### *Come Read with Me*

Summer Session Starts:  
June 5<sup>th</sup>

Summer Session Ends:  
August 31<sup>st</sup>

School will be closed:  
July 3 - 6  
August 7-10  
September 4

Fall Session begins:  
September 5<sup>th</sup>

DAY/TIME	COURSE	INITIAL BY CLASS CHOICES
<b>Monday</b>		
<b>BRING A SACK LUNCH</b>		
10:00 – 12:00	Student Rotates Through: Functional Math & Reading	
12:00 – 12:45	Lunch (Student to bring sack lunch)	
12:45 – 1:30	Life Skills	
1:30 – 2:15	Crafts	
2:15 – 3:00	Computers, Puzzles & Library Time	
<b>Tuesday</b>		
10:00 – 2:00	Fun in the Sun	
2:00 – 3:00	Student Rotates Through: Social Skills & Math	
<b>Wednesday</b>		
10:00 – 12:30	Student Rotates Through: Reading, Math & Everyday Life Skills	
12:30 – 1:15	Lunch Independent Computer Time or Library	
1:15 – 2:00	<b>Choose ONE (1) of These Classes:</b> Choir/Brain Gym (TBA) Computer with Math & Reading	
2:00 – 3:00	<b>Choose ONE (1) of These Classes:</b> Art Class Computers	
<b>Thursday</b>		
10:00 – 12:30	Student Rotates Through: Every Day Math, Reading, & 'What's In The News'	
12:30 – 1:15	Lunch Independent Computer Time or Library	
1:15 – 2:00	<b>Choose ONE (1) of These Classes:</b> Dance & Movement Kitchen Skills	
2:00 – 3:00	Student Rotates Through: Phonetics & Independent Computer Lab	
<b>Cost: \$12.00 per hour plus \$7.00 per day for lunch</b>		

Student Signature:

Date:

Parent Signature:

Date:

*Come Read with Me*  
...and so much more!

Name of Student:

2017 Summer Semester (6/5/17 – 8/31/17)

**Tuition Worksheet / Receipt**

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	

JULY						
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					

AUGUST						
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		

SEPTEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
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- 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 3 months in the semester	\$60
<b>Total Due</b>	<b>\$107</b>

**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	
	6	72	N/A	72	
Tuesday	2	24		24	
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
	6	72	7	79	
Wednesday	2	24		24	
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
	6	72	7	79	
Thursday	2	24		24	
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
	6	72	7	79	
Friday	2	24		24	
	3	36	7	43	
	4	48	7	55	
	5	60	7	67	
	6	72	7	79	

Initial assessment for <b>new students only</b> : \$55.00	

Date Paid	
Payment Method	
Amount	
Received by CRWM Staff	

Special circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_