

VALENCIA TUTORS

L E A R N I N G C E N T E R

26509 Carl Boyer Drive Santa Clarita, CA 91350
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Course Registration | Academic Enrollment | 2018-19

Date ____ / ____ / ____

Name of Student (s)

1. _____ DOB _____

2. _____ DOB _____

Name of Parents _____

Street Address _____

City and Zip Code _____

Home Phone _____

Mother's Cell _____

Mother's Email _____

Father's Cell _____

Father's Email _____

Emergency Contact _____

Emergency Phone _____

Relationship _____

Client grants permission to communicate via phone/text/email in regard to any activity related to Valencia Tutors Learning Center services. (Initial) _____

REGISTRATION DETAILS

Student Name _____ Start Date _____
Course _____
Session _____ Section _____

Thank you for choosing Valencia Tutors Learning Center for your student’s academic needs. The following is important information about your coursework, dates for completion, payment due dates and pacing.

Courses are not open ended. Course End Date _____

Late Fee Policy For every week past the course end date, the late fee schedule is as follows: Traditional Pace \$75 weekly, Moderate Pace \$115 weekly.

(Signature) _____

Courses must be paid in full before a transcript is generated and made official. Students who do not complete a course are financially responsible for all course fees. (Initial) _____

Courses must be paid in full once a student is enrolled. The course(s) may not be dropped.

(Signature) _____

PAYMENT PLAN OPTION (Payment split up to 3 payments)

1st Payment Date

2nd Payment Date

3rd Payment Date

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TO REGISTER for courses: \$100 deposit per course is required DEPOSIT AMOUNT: _____

An additional material fee of \$60 will be charged for lost books (each subject per semester)
Please indicate days that your student will not be attending due to obligations which have been previously discussed.

(Signature) _____

Payment, Attendance and Make-Ups

PAYMENT

Valencia Tutors requires a credit card on file while services are being rendered. (Initial) _____
Payment is due at the beginning of services. (Initial) _____

Preferred Forms of Payment

- Cash, Check, Master Card/Visa, On-Line Intuit

Credit Card Information

- ✓ Credit Card Information must be entered before services begin
- ✓ Credit card information is securely entered via Quickbooks
- ✓ All credit card information is blocked with the exception of the last four digits

Name as Appears on Card

Expiration Date

CCV

I hereby authorize Valencia Tutors Learning Center to charge my credit card for payment and/ or a default in payment (cash/check/intuit payment not made). I understand that there are no refunds. I will give a two-week advance notice to Valencia Tutors if payment changes.

(Signature) _____ Date _____

REFUNDS

There are no refunds for service.

(Signature) _____

If a student does not pace, meaning homework and/or competency levels are falling behind instruction, the student will be required to add additional instruction.

Make-up days for pacing will be scheduled by the instructor. This will allow for missed instruction to be re-taught and for students to pace accordingly.

This fee is not included in the course. Each class is an additional \$50 (2 hours of instruction) or \$30 p/hour. Some students may elect to attend in addition to their regular session in an effort to improve understanding and prepare for exams. (Initial) _____

Attendance is an integral component to the overall success of your student's program!

RELEASE OF TRANSCRIPTS

Transcripts are NOT MAILED.

Transcripts must be picked up in person by the student or parent. (Initial) _____

All services must be paid in full BEFORE transcripts are released. (Initial) _____

Final payment may be paid in cash or by credit card ONLY. (Initial) _____

NO CHECKS ACCEPTED FOR FINAL PAYMENTS. (Initial) _____

NO EXCEPTIONS. (Initial) _____

Preferred Forms of Payment

- Cash, Master Card/Visa, On-Line Intuit

I understand and agree to the terms for release of grade transcripts by Valencia Tutors Learning Center.

(Signature) _____ Date _____

Counselor Approval Form 2018-19



(Student Last)	(Student First)	(Middle Initial)
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Permission for Dual Credit Transfer to a Public School

Name of Public School _____

School Street Address _____

School City and Zip Code _____

	Course Title	Course Credits		
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>

Reason for Taking Course (s)

- Course Not Offered
- Credit Recovery
- Improve Grade
- Enrichment
- Schedule Conflict

Counselor Name (print)	Counselor Signature Approval	Parent Signature	Student Signature
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Student Academic Information

- I am a student seeking D1 and or D2 eligibility
- I am a student that must complete a course within a given time (DD/MM/YR) _____ / _____ / _____
- I am a SENIOR