



Over 30 years of helping learners learn

2009-2010 REGISTRATION

PLEASE NOTE:

- We cannot complete your registration by phone as we require your signature.
- Once your child is registered, you are welcome to make changes to this information at any time.
- Please contact the Program Assistant at 250-388-7225 or info@readsociety.bc.ca.

STUDENT INFORMATION

Student's Last Name		Student's First Name		Gender: () Male () Female	
Grade	School	Age	Birthdate		
Parent(s)/Guardian(s) Name					
Street Address			City	Postal Code	
Phone (home)		Phone (work)		Phone (cell)	
Email					
Sponsor		Sponsor phone & fax		Sponsor email	

CONTACT INFORMATION

(During the time the student is at READ)

PARENT/GUARDIAN #1: Last Name, First Name		Day time phone	Night time phone	Cell /other
PARENT/GUARDIAN #2: Last Name, First Name		Day time phone	Night time phone	Cell /other
EMERGENCY CONTACT #1: Last Name, First Name		Relation to child	Day time phone	Night time phone
EMERGENCY CONTACT #2: Last Name, First Name		Relation to child	Day time phone(s)	Night time phone
WHO HAS LEGAL CUSTODY OF THIS STUDENT: () Parent/Guardian #1 () Parent/Guardian #2 () Both () Other _____				

Victoria READ Society is responsible for students during class time only.

PRIVACY POLICY: The Victoria READ Society collects personal information in order to provide literacy services and programs for children, youth and adults. This information is collected over the phone, in person, by mail, email, fax or via the website. From time to time general information is used by the Society for planning and funding purposes. Personal information is kept secure and is not released without prior written approval by the individual or guardian.



PROGRAM SCHEDULE: FOR OFFICE USE ONLY	
Date:	Area of focus: () L/A () Math () Other(s) _____
Assessment Date/Time:	Assessor:
Classroom Teacher:	Location: Colwood () Fairfield () Quadra () Sidney ()
Class Start Date:	Returning Student: () Yes () No
Class Schedule, day(s) and time(s)	
Comments/Notes:	
Copy to Client: ()	Copy to Financial Manager: ()

PAYMENT AND CANCELLATION POLICIES

When you register:

- An initial three month commitment is required.
- Fees must be paid at the beginning of the month for classes. Classes may be suspended for non-payment.
- A fee of \$20.00 is charged on NSF cheques. Overdue accounts will be charged 1.5% interest per month after 30 days.
- In order to receive credit for a missed class, you must notify READ 24 hours in advance of the student's scheduled class.
- An automatic credit will be given for classes cancelled by READ.
- READ requires fifteen days written notice to withdraw students unless withdrawal is at the advice of his/her READ teacher.

I have read and understand the payment and cancellation policies.

Signature _____ Date _____

Assessment Fee: \$160.00
Program Fee: \$ 40.00/hour
Private Class Fee: \$ 60.00/hour
Consultation Fee: \$ 60.00/hour

First Month Fees Owning: \$ _____

PAYMENT METHOD () Cash () VISA () MasterCard () Post dated cheques

Card number _____ - _____ - _____ - _____

Card holder's name _____ Expiry Date _____