



The Guthrie School Enrichment Program 2018-2019

Please complete separate registration form for each child attending enrichment classes and submit payment to The Guthrie School. Additional forms may be downloaded for printing or are available in our office.

STUDENT INFORMATION- PLEASE PRINT IN BLOCK LETTERS

NAME _____ GENDER _____ D.O.B. _____

GRADE IN FALL 2018 _____ SCHOOL _____

FAMILY INFORMATION- PLEASE PRINT IN BLOCK LETTERS

PARENT 1

FIRST & LAST NAME _____ RELATIONSHIP TO STUDENT _____

EMAIL ADDRESS _____ CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PARENT 2

FIRST & LAST NAME _____ RELATIONSHIP TO STUDENT _____

EMAIL ADDRESS _____ CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

STUDENT HEALTH INFORMATION- PLEASE PRINT IN BLOCK LETTERS

Is your child enrolled in a public school in Texas for the 2018-2019 school year?

_____ YES _____ NO

IF YES, please provide the school's name, address, and phone number below:

Name of School : _____ Phone Number: _____

School's Address: _____ City: _____ Zip: _____

IF NO, current immunization records are required to attend The Guthrie School Enrichment.

Administration: Please initial once current and complete immunization records, hearing and vision, and documentation of a physical have been provided.

STUDENT ALLERGY INFORMATION- PLEASE PRINT IN BLOCK LETTERS

Please describe allergy, severity of reaction, and treatment or **EMERGENCY ACTION REQUIRED.**

FOODS _____
DRUGS _____
INSECT _____
OTHER _____

DOES YOUR CHILD REQUIRE AN EPI-PEN? _____ YES _____ NO

EMERGENCY CONTACT INFORMATION

In the event of an emergency, parents or guardians will be contacted first.
Please list two alternative emergency contacts. These people may not be listed above.

CONTACT 1:

FIRST & LAST NAME _____ RELATIONSHIP TO STUDENT _____

EMAIL ADDRESS _____ CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT 2:

FIRST & LAST NAME _____ RELATIONSHIP TO STUDENT _____

EMAIL ADDRESS _____ CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CARPOOL INFORMATION

Below, please list the individuals authorized to pick up your child.

NAME 1: _____ CELL PHONE _____

NAME 2: _____ CELL PHONE _____

NAME 3: _____ CELL PHONE _____

NAME 4: _____ CELL PHONE _____

GOALS

What would you like to see your student accomplish with us? Check all that apply.

<input type="checkbox"/> Improved Study Skills	<input type="checkbox"/> Test Prep
<input type="checkbox"/> Improvement of Specific Subject Content	<input type="checkbox"/> Private School Admissions
<input type="checkbox"/> Math Level	<input type="checkbox"/> Homework Help
<input type="checkbox"/> Reading Level	<input type="checkbox"/> Academic Foundation
<input type="checkbox"/> Writing Level	<input type="checkbox"/> Fill in gaps
<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Fortify Current Knowledge
<input type="checkbox"/> Art	<input type="checkbox"/> Enrichment
<input type="checkbox"/> Chinese	<input type="checkbox"/> Remediation
<input type="checkbox"/> Chess	
<input type="checkbox"/> Curriculum Extension / Challenging Content	
<input type="checkbox"/> Other: Please Explain _____	

GENERAL ACADEMIC INFORMATION

Please complete the following to the best of your ability. This information will help our teachers prepare curriculum to best help your student.

WHAT SUBJECT(S) DOES YOUR STUDENT ENJOY THE MOST?

WHAT ARE HIS/HER LEAST FAVORITE SUBJECT(S)?

WHAT ARE THE STUDENT'S NON-ACADEMIC INTERESTS/HOBBIES?

DOES YOUR STUDENT HAVE DIAGNOSED LEARNING DIFFERENCES **or** DO YOU SUSPECT THIS POSSIBILITY?

WHAT ARE YOUR AREAS OF CONCERN IN YOUR CHILD'S ACADEMIC PERFORMANCE?

WHAT ARE YOUR CHILD'S ACADEMIC STRENGTHS?

TUITION AND FEES

STUDENT NAME: _____ PHONE NUMBER _____

ACADEMIC CLASSES

Please circle Fall, Spring, or School Year	Fall Semester	Spring Semester	School Year (excludes summer)
Registration	\$85	\$85	\$85
Supply	\$80	\$80	\$160
1 Hr/Week	\$572	\$716	\$1288
1.5 Hr/Week	\$686	\$858	\$1544
2 Hr/Week	\$915	\$1144	\$2059
2.5 Hr/Week	\$1087	\$1358	\$2445
3 Hr/Week	\$1302	\$1627	\$2929
3.5 Hr./Week	\$1401	\$1751	\$3152
4 Hr/Week	\$1602	\$2002	\$3604
4.5 Hr/Week	\$1730	\$2191	\$3921
1 hr/week PRIVATE (1:1)	\$1350	\$1710	\$3060
1 hr/week SHARED –PRIVATE(2:1)	\$912/per person	\$1156/per person	\$2068/per person
1 hr/week SEMI-PRIVATE (4:1)	\$731/per person	\$926/ per person	\$1657/per person

EXTRACURRICULAR CLASSES

Please circle Fall, Spring, or School Year	Fall Semester	Spring Semester	School Year (excludes summer)
Art	\$411+\$55 Supply Fee	\$521 + \$55 Supply Fee (January Registration Only- by invitation)	NOT AVAILABLE
Chinese (Tuesday-Friday)	\$11/class + \$50 Workbook fee Chinese class tuition is included for students enrolled in EXTEND program.		
UTD Coding (Friday)	\$285	\$285	NOT AVAILABLE
Chess (Monday)	\$125/8 week session		
Karate	\$425 (not including uniform)	\$495 (not including uniform)	\$990
Piano (Thursday)	FULL	\$1280 (+Book Fees)	\$1880 (+Book Fees)
Yoga	TBA	TBA	

Tuition and registration fees are due in advance and are non-refundable and non-transferable.

PAYMENT INFORMATION

FULL PAYMENT

CHECK NUMBER _____ CHECK AMOUNT _____

EQUAL INSTALLMENTS requires credit card on file to be automatically charged. Credit card payments are subject to a 3% convenience charge.

NAME ON CARD (PRINT NEATLY) _____

CARD TYPE _____ CARD NUMBER _____ - _____ - _____

EXPIRATION DATE _____ CVV CODE (3-4-digit code on back of card) _____

PARENT SIGNATURE _____ DATE _____

CLASS POLICIES AND PROCEDURES

In order to promote the success of your student, The Guthrie School has developed some guidelines for teachers, students, parents, and guardians to follow. Please review the following policies and sign at the bottom. **Prior to enrollment being complete we require a signed policy, completed registration and tuition form, and tuition payment.**

Class Attendance/Homework

- Classes are held once per week and students are required to attend the class time/day for which they signed up
- If there is need for an absence or temporary schedule change, 8-hour notice is required.
- Students are assigned homework based on lessons taught that week and successful completion of the previous week's homework. Please bring back all work assigned to be graded, reviewed, and re-taught if necessary.
- For best results, please set aside 15-20 minutes per day/per subject to devote as Guthrie Time. Breaking up the lessons throughout the week develops good study habits, discipline, and reinforces the lessons taught in class.

Changing a Schedule

- In order to maintain classroom dynamics and student/teacher ratio, we require advanced notice (8-hours) to attend a class outside of your student's given schedule. Attendance is subject to administration/teacher approval.
- Any permanent schedule changes need to be received by our office in writing by completing a schedule change form (to be obtained from office).
- Teachers may not make permanent schedule changes.

Make-Up Classes

- 8-hour notice is required for planned absences. Classes missed with proper notification will be considered EXCUSED absences and therefore are eligible to be made-up.
- 4 make-up classes are allowed per semester. Make-up classes must be scheduled and approved IN ADVANCE.
- The make-up class should be attended in the current month.
- No credit is given for missed classes, and make up classes do not carry from one semester to the other
- To notify the office of an absence call 972-596-6929 or email the Director of Enrichment

Teacher Absences

- In the event that a teacher is absent, The Guthrie School will provide a qualified substitute who will ensure the proper continuity of the student's classes.
- If a substitute teacher is not available, every effort will be made to contact students to arrange a make-up lesson.

Pick-Up / Carpool

- Please be timely in collecting your student after class ends. Our teachers' schedules are full and tardiness affects the next student's session.
- Once class time ends, teachers will accompany students to the front lobby to be collected or to await pick-up.
- Late pick up will incur a \$25.00 + \$2.00/minute charge five minutes after the student's last class ends.

Wellness Policy

- Please do not send your child to class if they are ill.
- Students must be fever free for 24-hours prior to attending class
- If your student missed school due to illness, he/she should be considered too ill to attend Guthrie

Holidays / Off Days

- Lessons will not be offered during holidays listed on The Guthrie School Enrichment calendar.
- The holidays will not change the overall number of lessons received each semester.

School Closing

- If, for any unforeseeable reason such as inclement weather, the center must be closed, we will notify you via email. Please check our website for updates.

Parent/Teacher Conferences

- Parent teacher conferences may be scheduled at a parent or teacher's request. Please work with your child's teacher to arrange a time that works for both parties.

- We appreciate and encourage communication on a regular basis. Please feel free to contact us.

Tuition and Fees

- Tuition is calculated by semester
- Payment Methods
 - Full Year: Payment must be made by check to receive a 5% tuition discount. **Applies to Academic group classes only. Due to demand, discounts are not applicable to private, semi-private, or shared private lessons.**
 - Semester: Payment must be made by check to receive a 3% tuition discount. **Applies to Academic group classes only. Due to demand, discounts are not applicable to private, semi-private, or shared private lessons.**
 - Payment Plan: Tuition may be divided into four equal payments and charged by credit card.
 - Credit Card Payments are subject to a +3% convenience charge.
- The first payment is due prior to the first day of the student's lesson. All remaining payments will be charged on the 1st of the month.
- The tuition and registration Fees are due in advance and are **NON-REFUNDABLE and NON-TRANSFERABLE.**
- Returned checks will incur a fee of \$35

Withdrawing a Student

- To discontinue lessons and suspend automatic charges prior to the completion of the semester, please notify The Guthrie School directly by filling out a withdrawal form TWO WEEKS PRIOR TO THE FIRST OF THE MONTH.
- Without 14 days' notice, you will be charged for the upcoming month.

Classes

- The Guthrie School reserves the right to withdraw or discontinue any class for which enrollment is insufficient to organize or continue
- Only enrolled students may attend a class session
- In order to maintain an orderly and effective classroom atmosphere, no additional family members or friends are allowed. Guests may only be invited with permission of the teacher or administrator.

Behavior

- The Guthrie School reserves the right to dismiss students whose behavior is disruptive to the classroom environment. Dismissal from a Guthrie School program based on behavior will result in a forfeiture of all remaining tuition and classes. No refunds or transfers will be given.

Media

- The Guthrie School has my permission to use photographs, art projects, and/or videos of my child in any future promotion or advertising materials.

Medical Consent

- I certify that my child is in good physical health. I understand that I am responsible to pay for all emergency treatment expenses. I further understand that The Guthrie School has no provisions for expenses incurred carrying out emergency procedures and/or emergency transportation on behalf of participants. By signing this document, the parent and/or legal guardian releases The Guthrie School and all affiliated from any and all claims resulting from the injury of the above student or the loss of property of the above named while participating in any activity connected with The Guthrie School. I hereby release, discharge, indemnify, agree to hold harmless, and covenant not to sue The Guthrie School, its administrators, directors, volunteers, advertisers, owners, and lessees of premises on which activities are conducted, from any owners, and lessees of premises on which activities are conducted, from any and all liability, claims, or demands arising from my child's participation in The Guthrie School programs. In case of an emergency, I understand that The Guthrie School will make every reasonable effort to contact parents or emergency contact. I hereby give The Guthrie School permission to secure of licensed healthcare practitioner to ensure proper treatment, including but not limited to: hospitalization, anesthetics, surgery, or injections of medication for my child.

Authorization and Acknowledgment

I state that I have financial and legal responsibility for the student named in this registration form. By signing below, I agree to all policies, consents, authorizations, and permissions described in the Enrichment registration form.

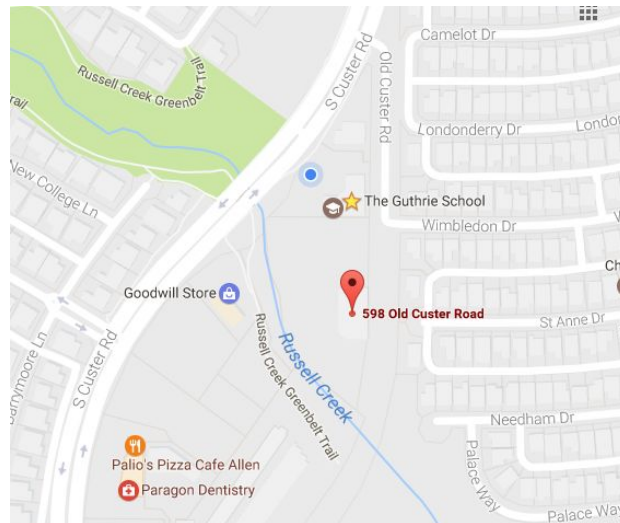
SIGNATURE _____ RELATIONSHIP _____ DATE _____

STUDENT SCHEDULE

STUDENT NAME:

Class	Day- Please circle	Time	Level	Teacher
GROUP CLASSES				
Reading	M T W Th Sat. Sun.			
Writing	M T W Th Sat. Sun.			
Math	M T W Th Sat. Sun.			
Critical Thinking	M T W Th Sat. Sun.			
ISEE / SAT / ACT	M T W Th Sat. Sun.			
MUSIC	M T W Th Sat. Sun.			
ART	M T			
CHINESE	T W Th Fri			
CHESS	M			
UTD CODING	Fri			
KARATE	W			
PRIVATE CLASSES				
PRIVATE	M T W Th Sat. Sun			
SHARED-PRIVATE	M T W Th Sat. Sun			
SEMI-PRIVATE	M T W Th Sat. Sun			

All Enrichment Classes



The Guthrie School
598 Old Custer Road
Allen, TX 75013
972-596-6929

