



For Each 1 Reach 1 Mentoring Program, Inc.
7318 Sunshine Grove Road Brooksville, FL 34613
Office: 352-556-2768 Fax: 877-330-4468
Website: www.foreach1reach1.com Email: helpful@foreach1.org

ENROLLMENT PACKET TUTORING

INSTRUCTIONS: THE ENROLLMENT PROCESS MUST BE COMPLETED PRIOR TO STARTING TUTORING.

CHECKLIST

- YOUTH INTEREST FORM
- WHAT DO WE EXPECT FROM YOU?
- GENERAL AGREEMENT
- TUTORING CONTRACT
- EDUCATION ADVISORY TEAM (EAT) (parents we appreciate your support)
- EMERGENCY CONTACTS
- PLEDGE OF PARENTAL INVOLVEMENT
- INVITE PARENT TO ENROLL YOUTH www.foreach1reach1.com (UPLOAD A PHOTO)

SUBMIT THE FOLLOWING PRIOR TO THE INTERVIEW.

- COPY OF MOST RECENT REPORT CARD.
- COPY OF A 504
- COPY OF AN INDIVIDUAL EDUCATION PLAN (IEP)
- COPY OF BEHAVIOR PLAN

PAYMENT INFORMATION

- PAYMENT AN INVOICE WILL BE SENT OUT WEEKLY FROM QUICK BOOKS FOR PAYMENT.
- TUTORING FEES ARE DUE BY 11:00 AM THE DAY PRIOR TO TUTORING.

ENROLLMENT PACKET TUTORING INFORMATIONAL DOCUMENT

- WELCOME LETTER
- WHAT CAN YOU EXPECT FROM US?
- SERVICE OFFERED



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WHAT DO WE EXPECT FROM YOU?

Instructions: Please read the items below and sign and date to indicate that you have read, understand, and agree to For Each 1 Reach 1 Mentoring Program, Inc. terms.

1. _____ (Initial) For Each 1 Reach 1 Mentoring Program has a mandatory (12) sessions minimum for all clients wanting to be tutored. The (12) sessions will be completed within a (15) week period, youth may attend tutoring if they like for an additional fee, but not less than (12) sessions.
2. _____ (Initial) Parents should make every effort to have youth attend every scheduled tutoring session.
3. _____ (Initial) Parent, if you schedule an appointment and fail to show up or give us at least a 24-hour notice: you will be responsible for paying for the missed tutoring session prior to scheduling another session.
4. _____ (Initial) Payment must be paid by 11:00 am on the day before testing or tutoring. There will be a \$30.00 return fee for payments that are returned to us. The return fee along with the late fee of \$25.00 must be paid prior to scheduling future sessions.
5. _____ (Initial) I will give For Each 1 Reach 1 Mentoring Program a copy of each report card and/or accomplishment for my child if they are being tutored.
6. _____ (Initial) We expect the parent(s) to check their child's online support system to make sure that they are doing their part.
7. _____ (Initial) Parent, make sure that your child is doing his/her homework assignments and are turning in projects. It is always good for you to give your child work if they do not have any from school.
8. _____ (Initial) We are here to tutor your child; we will not tolerate behavior issues.
9. _____ (Initial) We expect your child to come to us focused with an open mind ready, willing, and able to learn.
10. _____ (Initial) It is not a good idea to give your child candy or anything that will cause them not to focus. No food or drink is allowed in tutoring.
11. _____ (Initial) We need each parent to be partners with us, as we work to help your child to gain good studying habits and to make sure that they understand the importance of investing in themselves.
12. _____ (Initial) Drop off should not be sooner than 5 minutes before the session and picked up should be on time. There is a \$10.00 late pick-up fee for the first 15 minutes after fifteen minutes late there is a \$1.00 per minute added until the youth is picked up.
13. _____ (Initial) I will sign a release for school information if needed.
14. _____ (Initial) Parent is not allowed to stay during testing or tutoring sessions.
15. _____ (Initial) Parent is asked to complete a survey prior to the completion of tutoring to let us know how we are doing.

Print Youth Name: _____

Signature: _____ Date: _____

SAFETY AGREEMENT:

- I will slow down when driving in the parking lot to prevent injuries.
- I agree to park my vehicle in a parking spot if I need to enter the building for any reason.
- I agree to be considerate of others and keep my child home if he/she is sick to avoid spreading germs. If my child has anything that is contagious, I understand that I must have a doctor’s note to bring him/her back to the program.
- Throwing anything out of your car such as cigarettes, trash, bottles, gum, etc. is prohibited and if done, you will be banned from the property.
- We are setting an example for our youth therefore, cursing, loud music, making out in your car, inappropriate conversations are prohibited and if done, you will be banned from the property.

Initial_____

PARENTAL AGREEMENT:

- I agree to read all documents when enrolling my child and address any concerns upfront.
- If there is ever a situation, we ask that you give us an opportunity to hear both sides before you make any decisions to move. It is our goal to provide excellent customer service.
- If I need to speak with someone pertaining to my child, I will schedule an appointment with the Administrative Assistant.
- I understand that For Each 1 Reach 1 Mentoring Program, Inc. does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I agree to provide For Each 1 Reach 1 Mentoring Program, Inc. with a copy of my child’s report card for as long as they are enrolled in the program.
- I agree to participate in completing For Each 1 Reach 1 Mentoring Program, Inc. assessments, surveys, and or testimonials.
- If my child damage or break anything, I understand that I am responsible for repairing or replacing the items.
- I am encouraged and I am always welcome to attend parent support boot camp the 1ST & 3rd Monday of the month 6:30 pm to 7:30 pm

Initial_____

DISCLAIMER:

For Each 1 Reach 1 Mentoring Program, Inc. does not discriminate on the basis of race, religion, gender, creed, or socioeconomic status. Charitable contributions to For Each 1 Reach 1 Mentoring Program, Inc. enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. If you would like to apply for financial assistance for your child, please visit our website at www.foreach1reach1.com or ask our staff member for a scholarship discount application. An application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to ensure accurate processing. If you receive a discount your signature indicates that you understand that the correct paperwork must be turned in and you will adhere to the attendance policy set by For Each 1 Reach 1 Mentoring Program, Inc.

Initial_____

PHOTO RELEASE: I give permission for photographs of my child to be used by For Each 1 Reach 1 Mentoring Program, Inc./Reach Academy for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for use of the photographs. I acknowledge that For Each 1 Reach 1 Mentoring Program, Inc. /Reach Academy sometimes takes an individual photo, small group, and large group photos/videos that may include my child. I understand For Each 1 Reach 1 Mentoring Program, Inc./Reach Academy will not identify my child/children by name in the picture.

Initial_____

WAIVER & RELEASE:

In consideration of gaining membership and/or my child being allowed to participate in the activities and programs of For Each 1 Reach 1 Mentoring Program, Inc./Reach Academy in its facilities, including but not limited to camp locations or field trip locations, and to use its said facilities, equipment, and machinery in addition to the payment of any fees or charges, I do hereby waive, forever discharge and covenant not to sue For Each 1 Reach 1 Mentoring Program, Inc./Reach Academy and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my child’s participation in any activities or use of equipment or machinery in the above-mentioned facilities, or in any activities at said facilities.

Initial_____

Signature: _____

Date: _____



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TUTORING CONTRACT

Client Name (Parent's name if youth is under age 18)	Youth Name (If youth is under age 18)
Address	
Phone	Email

Whereas the Tutor shall provide tutoring to the Youth in the following subject(s): _____ at
7318 Sunshine Grove Road Brooksville, FL 34613

FEES PAYABLE TO

FOR EACH 1 REACH 1 MENTORING PROGRAM, INC.
 Fees shall be calculated at an hourly rate of \$_____dollars per hour of tutoring.

PAYMENT

Pre-Test Payment must be paid by 11:00 am the day prior to testing.
 Tutoring Payment must be paid by 11:00 am the day prior to tutoring.
 Payment may also be made in advance.
 Payment will be emailed from a quick books invoice that must be paid by 11:00 am the day before service is provided.

SCHEDULE OF SESSIONS

The client must commit to a minimum of twelve (12) tutoring sessions to be completed within a (15) week period, prior to getting started. The client is responsible for paying, even if they decide not to attend tutoring. Tutoring shall commence on ___/___/____ (month/day/year) and thereafter until twelve sessions have been completed. The client is welcome to continue tutoring after the twelve (12) sessions for as long as they would like. The Pre-test and post-test do not count as tutoring sessions. The pre-test fee is due before the 1st tutoring session and the post-test fee is due after the 10th session has been completed.

CANCELLATION

The client must give For Each 1 Reach 1 Mentoring Program, Inc. a 24-hour cancellation notice for any session that they are not able to attend, or the client will be responsible for paying for that missed tutoring session.

Fees are calculated according to the scheduled time agreed upon by For Each 1 Reach 1 Mentoring Program, Inc. No adjustment to fees shall be made for time lost because of late arrival by the youth or by early termination of the session by the youth. If the youth is late for a session, they will only be able to use the time left from that session.

OBLIGATIONS OF THE STUDENT

- The Youth undertakes to assist the Tutor in identifying problem areas in which the youth need specific tutoring.
- The Youth agrees to provide their own materials needed for each tutoring session (mouse, etc.).

NO WARRANTIES

The Tutor makes no promises or warranties with regards to a youth's performance as a result of any tutoring provided. This agreement constitutes the entire understanding between the parties with regard to the subject matter hereof and the parties waive the right to rely on any alleged expressed or implied provision not contained herein. Any alteration to this agreement must be in writing and signed by both parties.

MINORS

Where the Youth is a legal minor, the Parent/Guardian shall enter this tutoring contract on behalf of the youth and shall accept and agree to all the terms and conditions contained herein on behalf of the youth.

Staff Signature	Date	Student Signature Date (Or Parent Signature if Youth is under age 18)
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Email Address to send invoice to for payment: _____



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Emergency Information Form

Child's Full Legal Name: _____ Date of Birth: ____ / ____ / ____

Parent Full Name: _____ Contact Number: _____

List all of your Child's Allergies: _____

Does your child have any special needs (physical, medical, dietary, emotional, or mental) Yes or No If yes, explain?

Is there any other information we need to know in order to serve your child? _____

List **ANY** medication your child is currently taking: _____, _____, _____, _____, _____

HEALTH INFORMATION: The following information enables us to better protect your child's health & safety.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Does your family have health and/or accident insurance? Yes No

Insurance carrier: _____ Policy #: _____ Group #: _____

Insured's Name: _____ Insured Relationship to youth: _____

Child's Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Last DPT or Tetanus: ____ / ____ / ____

Dental Insurance: _____ Policy #: _____ Group #: _____

Insured's Name: _____ Expiration Date: ____ / ____ / ____

Child's Dentist Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT?

Name: _____ Number: _____

Relationship: _____ Address: _____

Name: _____ Number: _____

Relationship: _____ Address: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____



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Pledge of Parental Involvement

I pledge to support my child's education and well-being to the best of my ability. I will have high expectations for my child to succeed in school and in life. I will make my child's education and things that concerns them a priority, and model positive actions and attitudes. I will partner with For Each 1 Reach 1 Mentoring Program, Inc. to ensure I am informed and involved in all aspects of my child's education, social, spiritual, and emotional life. I will be an active advocate for my child's education. I understand that knowledge is power, and I am willing to be a part of this team to empower my child and to nurture my child's ability to learn. I understand that being my child's friend is not as important as the guidance that I must give them, so that they can reach their full potential. I have been informed about For Each 1 Reach 1 Mentoring Program, Inc. Parent Support Boot Camp and I understand that I am always welcome and encouraged to attend.

Parent Signature: _____

Date: _____

Print Youth Name: _____
Revised 04//05/21