Autism Learning Centre
EDUCATION • PLAY • RESOURCES

2020/2021 School Year Registration Form

Student's Information		Parent #1 Information	Parent #2 Information
Student's Name:		Parent's Name:	Parent's Name:
Birth Date: (YYYY-MM-DD)	Grade:	Parent's Home Phone:	Parent's Home Phone:
School:		Parent's Work Phone:	Parent's Work Phone:
Allergies/Medications/Medical:		Parent's Cell Phone:	Parent's Cell Phone:
Mailing Address:		City:	Postal Code:
Parent #1 Email:			
Parent #2 Email:			
What type of assistance does your child have at school (EA)? Please Circle: **No Assistant** **Full-Time** **Part-Time**			

*If re-registering, please inform us of any changes to your child's records on file: diagnosis, emergency information, change of family situation etc.
New students will need to fill in a Student Information Form in addition to this form.

Program	Days	Times	Ages	Monthly Fee	☑
School Readiness	Wednesday	10:00 a.m. – 12:00 p.m.	3 - 5	$340.00	
School Readiness	Wednesday	1:00 – 3:00 p.m.	3 - 5	$340.00	
Classroom Stars	Thursday	5:00 – 7:00 p.m.	6 - 12	$340.00	
Academic Tutoring	By Appointment	By Appointment	5+	$340.00	
ABA* Tutoring *Applied Behaviour Analysis	By Appointment	By Appointment	2 - 8	$340.00	
Sport Central	Saturday	9:00 – 11:00 a.m.	5 - 12	$340.00	
Out on the Town	Saturday	1:00 – 3:00 p.m.	13 - 18	$340.00	
Out on the Town	Wednesday	5:00 – 7:00 p.m.	13 - 18	$340.00	
Independent Living	Tuesdays	6:30 – 8:30 p.m.	16+	$340.00	
Social Explorers	Saturday	11:00 a.m. – 12:00 p.m.	5 - 8	$340.00	
I Can Pretend! (Drama)	Sunday	1:00 – 1:45 p.m.	5 - 11	$60.00	
I Can Pretend Too! (Drama)	Sunday	2:00 – 2:45 p.m.	12+	$60.00	
Education Consulting (School Observations and/or School Advising)	By Appointment	By Appointment	3+	$100/hr	
ABA Therapy *Applied Behaviour Analysis	By Appointment	By Appointment	3+	$100/hr	
SLP* or Occupational Therapy *Speech & Language Therapy	By Appointment	4 sessions a month	3+	$500.00	
SLP* or Occupational Therapy *Speech & Language Therapy	By Appointment	2 sessions a month	3+	$250.00	

For Music Therapy please contact Michelle Lawrence directly at michelle@preludemusic.ca

Autism Learning Centre Payment & Lesson Agreement

Parent Name(s): _____

Child's Name:_____

Class(es)/Service(es): _____

Annual tax receipt can be emailed to: _____

Please take the time to add up your monthly totals and place in the spaces provided below.

If you have been approved for a bursary, scholarship or financial assistance, please confirm your monthly total with the office.

Payment Amounts and Payment Periods: (Please note our group therapy programs are exempt from GST & PST)

August 1, 2020*   Amount: $ _____   February 1, 2021   Amount: $ _____

October 1, 2020   Amount: $ _____   March 1, 2021   Amount: $ _____

November 1, 2020   Amount: $ _____   April 1, 2021   Amount: $ _____

December 1, 2020   Amount: $ _____   May 1, 2021   Amount: $ _____

January 1, 2021   Amount: $ _____   June 1, 2021   Amount: $ _____

Your September payment will be cashed in August. Please date your September payment for August 1, 2020.

I, _____, authorize **Autism Learning Centre** to charge my credit card/cash my cheques on the dates and for the amounts discussed, agreed upon and listed on this agreement. If the date my payment is due falls on a weekend or a holiday, I understand that the funds will be taken the following Monday. I also understand that there are no refunds past 10 days of signing this agreement and I hereby agree to pay all the amounts listed above to **Autism Learning Centre** in an understanding that my child has taken a spot in a program that may not be able to be filled by another child upon my child's withdrawal. While we do not provide refunds, we are willing to re-allocate funds or bank funds for future use.

X _____   Date: _____

Method of Payment:

Please place a ☑ beside your preferred method of payment. Credit Card: _____   Cheque: _____

If you are paying by credit card, please note that there is a 3.5% service charge for every credit card transaction. If you are paying by cheque, please note that you must provide 10 cheques in total. The first cheque is for the initial registration fee (September fees) and the additional 9 cheques are for the remaining 9 months of the school year. No refunds will be granted.

<table>
<tr><td colspan="2" align="center">**Credit Card Authorization**</td></tr>
<tr><td>Name On Card: _____</td><td>Phone Number: _____</td></tr>
<tr><td colspan="2">Card Number: _____ / _____ / _____ / _____</td></tr>
<tr><td>Expiry: _____ / _____   CVC: _____</td><td>Postal Code: _____</td></tr>
<tr><td>Authorization Signature: _____</td><td>Date: _____</td></tr>
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