

## 2011-2012 AFTER SCHOOL TUTORING PROGRAM

Grade Level: 1<sup>st</sup> through 12<sup>th</sup> grade.

TIME: After school - Monday through Thursday  
 Session I            3:20 - 4:20 PM  
 Session II            4:30 - 5:30 PM  
 Session III           5:40 - 6:40 PM

COST: \$12.00/hour/current Hope Student  
 \$17.00/hour/non Hope Student paid in advance (\*see other side)  
 One-on-One Sessions are double the charge

*Billing is done on a monthly basis. Notification will be sent by email. Checks may be brought to the Business Office, OR payments may be paid online by debit card, credit card (Mastercard, Discover and American Express); however, there will be an additional 3.75% charge for this service. Payments by eCheck are charged \$0.85 per transaction.*

WHERE: 1<sup>st</sup> - 5<sup>th</sup> grade: Elementary Campus Library  
 6<sup>th</sup> - 12<sup>th</sup> grades: Mid-School Campus, Room 101

Call Deanna Spriggs, the Tutoring Coordinator, @ 822-8868, Ext. 543 to schedule sessions. Messages are checked at 9:00 AM and 2:00 PM daily, Monday through Friday.

Student Name \_\_\_\_\_ Grade 2011-12 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

Mother's: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Father's: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Person Responsible for Payment (if different from above)

**Please note: All accounts must be kept current to continue to use HCS supplemental programs.**

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

\*Email Address (REQUIRED for billing purposes): \_\_\_\_\_

Please indicate: Days needed \_\_\_\_\_ Session \_\_\_\_\_

Please list persons, other than parents, authorized to pick up student(s):

	Relationship	
Name: _____	to Student:	_____
_____		_____
_____		_____

**Accounts must be kept current in order to continue using program. Accounts overdue for 30 days will be denied privilege of using program.**



Hope Christian School  
 8005 Louisiana Blvd., NE  
 Albuquerque, NM 87109  
 (505) 822-8868

\*For billing purposes. Please indicate if no email address exists.

# Tutoring Program Guidelines

Hope Christian School's after-school tutoring is done by Christian college and high school students, and Christian adults. This is a group tutoring program with a minimum two students and maximum three per session per tutor. One-on-One sessions may be requested, but are double the charge.

## Current Hope Students

Hope Christian School Students are charged \$12.00 per student per session. One-on-One sessions are charged double the rate, or \$24.00 per session, and are only scheduled for Sessions II or III.

## \* Non-Hope Students

*Non-HCS students must go through our interview process in order to qualify for the program, provide a copy of current immunization records, and provide proof of accident insurance (see below).*

Non-HCS students are charged \$17.00 per group session, or \$34.00 for one-on-one sessions (which are only scheduled for Sessions II or III), and this must be paid in advance to the Tutoring Coordinator. (The Tutoring Coordinator will account for these fees on a "Funds Collected" form.)

Non-HCS students are scheduled so that current HCS students are not denied a session.

\*\*\*\*\*

All students need to have tutoring times scheduled in advance, which is done by communicating with the Tutoring Coordinator.

If students need to cancel the tutoring session, they need to do so no later than 12:00 noon on the session day by calling the Tutoring Coordinator at 822-8868, Ext. 543.

If the student does not cancel the tutoring session and does not attend the scheduled tutoring session, the parents will be held financially responsible for the missed session.

**All accounts must be kept current to continue to use HCS supplemental programs.**

### **INSURANCE COVERAGE/MEDICAL INFORMATION:**

AROUND-THE-CLOCK (24-HOUR) INSURANCE COVERAGE IS REQUIRED FOR ALL GRADES. Student insurance is available through the school if needed.

Name of Insurance Company \_\_\_\_\_ Covered under Father's Policy? \_\_\_\_\_ Covered under Mother's Policy? \_\_\_\_\_

Policyholder's Employer \_\_\_\_\_ Policy # \_\_\_\_\_ Patient # \_\_\_\_\_

Recommended Hospital \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Does this student have any allergies? \_\_\_\_\_ Medical problems? \_\_\_\_\_ Take any medication on a regular basis? \_\_\_\_\_**

**If yes, please explain and/or list medications(s).** \_\_\_\_\_

\_\_\_\_\_