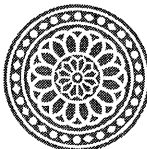


Registration Form Literacy Centers 2014-2015



CARDINAL STRITCH UNIVERSITY

Status/date & time ___/___/___
 Instructor _____
 Account # _____
 Site CC OC

► Child's Name _____ Nickname _____

Date of Birth _____ Sex: M / F MPS Student ID # _____

School _____ Teacher _____

New Student to Stritch _____ Grade entering _____

Allergies/Medical Problems/Conditions/Medication _____

Doctor's Name _____

Doctor's Phone _____

- Preferred Hospital _____
- Cardinal Stritch University agrees to notify me when my child becomes ill and I agree to arrange to pick my child up as soon as possible.
 - In case of emergency, if Cardinal Stritch University is unable to reach me, I give my permission for Cardinal Stritch University to take such emergency action as it considers necessary and I give my permission for any treatment prescribed by the attending physician.
 - If I am later than 15 minutes picking up my child and cannot be contacted within 30 minutes, I give permission for my authorized person listed to be contacted to pick up my child.

I give my consent to the use of photograph(s) or video images of my child. (Due to privacy restrictions with regards to minors, students' names will not be used.)

Yes _____ No _____

Does your child have an Individualized Education Plan (IEP)? If yes, please attach.

Yes _____ No _____

I give my consent for the Urban Literacy Centers to exchange oral and print information with my child's school or other institutions for educational purposes.

Yes _____ No _____

I understand that my child's testing information may be used for research purposes; their identity will be kept private.

Yes _____ No _____

Signature _____ Date _____

► Parent/Guardian _____

Phone: Home _____ Cell _____ Work _____

Address _____ Zip Code _____

E-mail address _____

► Those with permission to pick up child _____

► Two LOCAL emergency contacts MUST be listed below:

1. Name _____ Cell _____

Phone: Home _____

2. Name _____ Cell _____

Phone: Home _____

2014-2015 Tutoring 9/3/14-12/13/14, 1/20/14-5/4/14

Please rank preferred location and time, #1 #2 or #3. (One session per week)

Cardinal Stritch Reading Center (Glendale)

Phone 414.410.4380 or fax 414.410.4379

Mon 3:30-5:00 **Wed** 3:30-5:00 **Thurs** 3:30-5:00 **Saturday** 8:30-10:00

5:30-7:00 5:30-7:00 5:30-7:00 10:30-12:00

City Center (10th & McKinley, downtown)

Phone 414.410.4421 or fax 414.410.4963

Tues 3:00-4:30 **Wed** 3:00-4:30 **Thurs** 3:00-4:30 **Saturday** 8:30-10:00

5:00-6:30 5:00-6:30 5:00-6:30 10:30-12:00

Mail or Fax Registrations to:

CSU Literacy Centers

6801 N Yates Rd, Box 104

Milwaukee WI 53217-3985

Fax: 414.410.4380

Glendale:

Fax: 414.410.4379

Phone: 414.410.4380

City Center

Fax: 414.410.4963

Phone: 414.410.4421

Please complete the payment plan information on the reverse side.

2014-2015 TUITION RATES

Current university budget circumstances require that our literacy centers align our rates with the actual cost of instruction. The Standard Rate below covers 100% of instructors' pay and includes no administrative/overhead costs.

Fall and Spring Session

- Fall Fourteen 90 minute lessons from September to December.
- Spring Fourteen 90 minute lessons from late January to early May.

Standard Tuition Fee

- One to one instruction is \$36.91 per hour (\$55.36 per 90-minute lesson; \$775.00 per session)
- Small group instruction in groups of two or three students is \$25.83 per hour (\$38.75 per 90-minute session, \$455.00 per session) Space is limited. Availability is dependent on the number of students interested in small groups.
- Our literacy evaluations: The basic assessment & intervention design report fee is \$150. This report is done when a student first enters the program. If your student takes a break from the program for a year or more the literacy evaluation will need to be repeated and additional charges may apply. Check the box below to request information about the fees for a more comprehensive evaluation.
 - Contact me regarding a comprehensive evaluation. The comprehensive evaluation includes our basic assessments (QRI-5, WRMT-III, phonic inventory, writing sample) plus language/literacy processing measures as needed (CTOPP2, TOWRE2, RAN/RAS, TORC, WRMAL). The fee is \$300.00.
- Sliding scale fee information is available upon request. Check the box below to request the information.
 - Send me the sliding scale information for families eligible for free/reduced lunch.

Please check the box of the payment plan that works best for you.

#1 **Make one payment**-Due before the first class of \$775.00.

#2 **Make two payments** – Due before the first class and before the last class.

| | One to one | Small group |
|---------------|------------|-------------|
| Standard Rate | \$387.50 | \$271.26 |

#3 **Make 4 monthly payments** – Due on the 15th of each month beginning with the first month of the session.

| | One to one | Small group |
|---------------|------------|-------------|
| Standard Rate | \$193.76 | \$135.63 |

#4 **Make 7 biweekly payments** - Due every other week.

| | One to one | Small group |
|---------------|------------|-------------|
| Standard Rate | \$110.72 | \$77.50 |

#5 **Make 14 weekly payments** – Due each week.

| | One to one | Small group |
|---------------|------------|-------------|
| Standard Rate | \$55.36 | \$38.75 |

All fees must be paid in full by the last class to continue the next session.

We accept cash, checks and credit cards.