

Rise Above

Tutoring Center

Student's Name: _____

Policies

We are committed to your child's success! We will tutor your child with enthusiasm and encouragement. We will continue to help your student build confidence, a positive attitude and maximize his/her academic growth. Likewise, the following policies are designed to ensure your child's success.

Commitment, Consistency & Attendance

_____ We have worked with you to determine a schedule convenient for you and your family. Your student's program is designed around 1-2 sessions per week. Each session is for 60 minutes. Please be on time to ensure your child receives every minute they deserve. If you would like to discontinue your child's tutoring a **1-week notice must be given.**

If you need to cancel a session for any reason, please call (906) 458-0479. You may cancel without charge, **1 time per month, if you call 24 hours prior.** This session may be rescheduled, within 5 business days of the cancelled session, if a session is available. All other missed sessions, excused or not, **WILL BE CHARGED FOR.**

Weather

_____ In the case of inclement weather-School Snow Days- **WE ARE HERE to tutor. We DO NOT CLOSE ON SCHOOL SNOW DAYS.**

Tuition

_____ Tuition is based on an hourly rate of **\$35.**
If you want one on one tutoring, that is \$40 per hour.
Dyslexia tutoring students is **\$45** for 45 minutes (school year) or \$55 for an hour (summer).
We accept cash, checks, Visa and Mastercard. If your check does not clear there will be a \$15.00 charge.

*****All sessions, scheduled per month, must be paid for before the end of the month. If you have not paid for the month's sessions by the 29th of each month, you will be charged a \$35 fee for each day it is late and your child may not be allowed to attend the next month's sessions.**

Progress

_____ If you would like to meet to go over the specific, successful and troublesome skills that your child is working on, please make an appointment. If you would like us to communicate with the school, please let us know. A team effort ensures growth in your student's academics!

I have read and fully understand the above policies and agree to them.

Student(s)' name(s): _____

Responsible Party Signature: _____

Date signed: _____

Lisa M. Baker
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