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 55 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 miss a session for any reason, please call (906) 458-0479 as a courtesy. All missed sessions, excused or not, WILL BE CHARGED FOR. Your student has a set schedule.

Weather ___

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

Tuition ___

Tuition is based on an hourly rate of $45.
If you want one on one tutoring, that is $55 per hour.
Dyslexia tutoring students is $55 for 45 minutes (school year) or $65 for an hour (summer).
We accept cash, checks, Visa, Mastercard and PayPal. If your check does not clear the bank, 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 $50 fee 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 see the school for their policy form and then 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
1108 W Washington Street
Marquette, MI 49855
(906) 458-0479