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APPLICATION FORM

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MEMBER PROGRAMS

- In order for your registration to be confirmed and considered complete, you must submit the entire payment (program and membership fees).

PROGRAMS, DAYS, TIMES AND FEES (Place an X in the box next to the program and circle the week or weeks interested in having your child attend)

ACADEMIC PROGRAMS	DAYS	SESSION TIMES	FEES*
Arts Expression (Max 10 participants, ages 8-12)	July 7 to 11 July 14 to 18 July 21 to 25	10:00 AM . 2:00 PM	\$225 per week
Music and Movement (Max 10 participants, ages 8-12)	August 5 to 8 August 11 to 15 August 18 to 22	10:00 AM . 2:00 PM	\$180 Aug 5-8 \$225 Aug 11-15/18-22
Early Literacy (Max 6 participants, ages 4-6)	July 8 to August 14 Tues to Thurs	10:00 AM . 12:00 PM	\$760 six weeks

1 st Choice (Week for Arts Expression or Music & Movement):	2 nd Choice (Week for Arts Expression or Music & Movement):
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New Student Returning Student Child's Name _____

PAYMENT AND ADDITIONAL SERVICES

PROGRAM FEES	
Program Cost: \$ _____ X _____ # of weeks	\$ _____
LDAV Membership: \$35 (Annual Membership - All Clients)	\$ _____
TOTAL DUE	\$ _____

OFFICE USE ONLY (Room Schedule, Payment, Receipt, Email, Collections, Membership, MailChimp, Photocopy for Accountant, Summer Program Database, Create Confidential File . New Clients Only)

Registration Received: _____ Program Payment Received: _____ \$ _____

Payment Options: Cheque Credit Card Cash Bursary

Current Member _____ (Expiry) New Member (\$35.00) Renewing Member (\$35.00)

Credit Card #: _____ / _____ / _____ Expiry Date: _____ / _____

Card Holder's Name: _____ Signature: _____



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STUDENT INFORMATION

Child's Name: _____ Date of Birth: ___D/___M/___Y Gender: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Email: _____

Parent/Guardian: (1) _____ (2) _____

Contact # during tutoring hour/s (1) _____ (2) _____

Alternate Emergency Contact Name & Phone _____

This applicant has: LD AD/HD Suspected LD Other _____

Has your child had an assessment for learning or attention difficulties: Yes No

(Please enclose a copy of the assessment and/or letter from physician stating child's needs)

Allergies/Health Concerns: _____

Presenting Developmental Concerns: _____

Referral Source: _____

School Attending _____ **Grade:** _____

LAC and/or Homeroom Teacher: _____

The LDAH is a non-profit organization and must ensure all payments are detailed in advance. We do not have surplus funding reserves to support non-payment of fees.



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TERMS OF AGREEMENT

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All Programs require **one month's notice of cancellation in writing** to the Program Coordinator. If you fail to provide 30 days notice of cancellation to LDAV you will be charged a \$360 cancellation fee. The **Program Consultation fee will not be returned** once sessions begin.

Refund Policy:

All refunds by cheque or credit card reimbursement will be sent within 30 days of withdrawal notification.

Class Cancellation Policy:

Insufficient registrations, facility malfunction, or other circumstances beyond our control may necessitate the cancellation of a class or program. In the event that the Learning Centre cancels a program every effort will be made to reschedule or to transfer the participant to another course. If alternate arrangements cannot be made, a full refund will be issued. If a class is canceled due to a situation beyond the Learning Centre's/Tutor's control i.e. poor weather conditions, we are not obligated to provide a refund. If circumstances allow, we will make every attempt at rescheduling a make-up date depending on the availability of facility space and/or tutor.

Conditions:

- The Learning Centre reserves the right to change the time, location, and instructor or fees if required.
- Registrations will not be accepted through our tutors.
- All program/facility information advertised in our pamphlets or website or any other promotional material is subject to change
- By using 3rd party payment (i.e. another agency is paying for the program fee), you agree to accept responsibility for the full amount due if the agency does not pay within 30 days of receiving the invoice.
- **You must call to inform the Learning Centre of any absences from sessions.**
- **A minimum of 24 hours notice is required for missed session. If your child is late or away due to illness or other appointments you are still required to pay for the missed session.**
- Repeated missed sessions may cause termination of services.
- Please retain your receipt. You will receive one official copy for tax purposes a year. Requests for additional copies will be subject to an administration fee of \$10.

Parent Name (Print):

Date:

Agreed & Accepted By (Signature):

Child's Name:

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Tel: 604.873.8139 Fax: 604.873.8140
Email: info@ldav.ca



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Video/ Photo/Audio Consent Form – New Students Only

I, the undersigned, do hereby consent to the Learning Disabilities Association -Vancouver the ability to take captions of the image, voice, or both of my minor child (under the age of 19) to be used in any materials for fundraising, advertising, publicity, or any other purpose on behalf of LDAV.

I warrant that I am the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

In addition, I waive all claims to compensation or damages based on the use of such minor's image or voice, or both, by LDAV.

Printed name of minor: _____

Age of minor: _____

Signature of parent or legal guardian: _____

Printed name of parent or legal guardian: _____

Address: _____

Contact Number: _____ Email: _____

Date: _____