



Mercy

Education Resource Center | Maximizing Potential

School Year _____

Dear Parent:

Thank you for your interest in the instructional services provided by Mercy Education Resource Center. Please fill out the enclosed forms and return as soon as possible. No arrangements for instruction will be made until all forms have been returned. Instructional services are made on a first-come first-serve basis.

If you have any other questions, please feel free to contact us at any time.

If you are requesting financial assistance, arrangements must be made before services begin. Please note that financial aid can only be offered for tutoring services at our center and not at off site locations.

Again, thank you for your interest in Mercy Education Resource Center.

Sincerely,

Mary Bartron
Instruction Coordinator 737-6026 ex. 36
mary@mercyeducation.org



Personal History

(This information will be held in strict confidence)

- Instruction
 Counseling
 Full Assessment
 Primary Assessment
 Gate Assessment
 AD/HD Assessment
 Dyslexia Assessment
 Advocacy

Client's Name		Birth Date	Today's Date
Address		City	Zip
Grade:	School:	Teacher:	School Phone#
*What phone number can we contact you at, and can we leave a message? Yes / No			Phone #
Would you like to be on our mailing list? Yes / No			
Would you like to receive our e-newsletter? Yes / No		e-mail address:	
How did you hear about us?			

Parent or Guardian's Name		Who to notify in an emergency other than the parent	
Address		Address	
City/State	Zip	City/State	Zip
Phone #	e-mail:	Phone #	Relationship

Payment Policy: Payment is required at time of service (unless a payment plan has been arranged in advance of receiving service.) Offsite tutoring must be prepaid and have a credit card on file.	
Appointment Policy: 24 hour notice is required for appointment cancellation. Failure to keep an appointment without prior notice will result in a full service charge	
Who will pay this account?	Mailing Address:
Phone #	e-mail:
Signature of responsible party, client, parent/guardian: _____ Date: _____	
Please indicate how payments will be made: Cash _____ Check _____ Visa/Mastercard _____	
(Card # _____) Exp. Date ____/____/____ Security Code _____	
Signature of Cardholder: _____	

- ☞ **Financial Assistance Requested:** Yes _____ No _____ (If **yes**, please request a financial aid packet.)
- ☞ **Primary Language Spoken in the Home:** English _____ Spanish _____ Filipino _____ Chinese _____ Other _____
- ☞ **Ethnicity:** Caucasian _____ Latino _____ African American _____ Asian _____ Other _____
- ☞ **Family Information:**
 Parents: Two Parent Family _____ Divorced/Separated _____ Single _____ Mother Deceased _____
 Father Deceased _____ Child: # of Siblings _____ **Total # in Family** _____
- ☞ **Gross Family Income:**
 A. \$16,000 or under _____ B. \$16,000 - \$22,000 _____ C. \$22,000 - \$30,000 _____ D. \$30,000-\$40,000 _____
 E. \$40,000 - \$55,000 _____ F. \$55,000 - \$70,000 _____ G. \$70,000 or above _____



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Instructional Contract

Contract of understanding between Mercy Education Resource Center & Client

Please read carefully and return this form signed to Mercy Education Resource Center

I agree that my child will attend a minimum of one 50 minute tutoring session each week at Mercy Education Resource Center. Two sessions a week are recommended. I understand that I am responsible for prepayment of services that will be due at the first of each month. Mercy Education Resource Center must be notified of a cancellation no later than 24 hours before the appointed tutoring session or I will be billed for this session. I also understand that if my child misses more than two unexcused sessions in any given month, he/she will be returned to the waiting list and another student will be given my child's tutoring spot. I understand that if I am 15 minutes late in picking up my child, I will be charged the equivalent of another tutoring session.

If my child has an appointment with a doctor/dentist, it is my responsibility to bring verification of that appointment to Mercy Education Resource Center so his/her absence will not be counted as a missed appointment.

**Cost per session:
Please select your choice**

\$45.00 on site	credentialed and/or teacher with a degree
\$55.00 off site	credentialed and/or teacher with a degree
\$35.00 on site	un-credentialed teacher/ or college student
\$45.00 off site	un-credentialed teacher/ or college student

Home tutoring is not offered. Off site locations can include a library or school site with permission. Offsite tutoring must be prepaid and have a credit card on file.

Signature of Parent or Guardian

Date



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Parent Consent for Release of Information

School

Student's Name

Date of Birth

It is your right to have information regarding your child's education held strictly confidential (within legal constraints). In the case of psycho-educational assessments and/or advocacy services, however, it may be necessary that the school, doctor, psychologist and/or tutor be permitted to communicate such information with the public school in your neighborhood or with an employee from, in this case, Mercy Education Resource Center. Your signature on this form allows the school, doctor, psychologist and/or tutor to release information to the Mercy Education Resource Center, 6007 Folsom Blvd. #200, Sacramento, CA 95819.

Phone Number 916-737-6026 and Fax Number 916-737-6507.

I hereby give permission for all confidential information:

- ~ Test Scores
- ~ Classroom Grades
- ~ Previous Psychological Report (s)
- ~ Previous Psycho-education Evaluation (s) *Please include test scores.
- ~ Other _____

About the above named child in the files of _____
School/Doctor/Psychologist/Tutor

To be released to Mercy Education Resource Center.

Signature of Parent/Guardian

Date



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Permission for Instruction

I hereby authorize Mercy Education Resource Center to give academic instruction to my child either at the school site or at Mercy Education Resource Center.

Child's Name

Date of Birth

Signature of Parent/Guardian

Date