

*Hope Springs Christian Learning Center
1239 Braselton Highway
Lawrenceville, GA 30043
678-442-8785
Fax 678-985-5366*



National Institute for Learning Development (NILD)

ENROLLMENT PACKET

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ENROLLMENT POLICIES

1. HOPE SPRINGS Christian Learning Center admits students of any race, color, national or ethnic origin.
2. The school reserves the right to deny re-admission to a child if his/her disability, behavior or emotional development indicates that he/she could not be best served by our school program.
3. Enrollment to HOPE SPRINGS Christian Learning Center will be determined after all enrollment requirements are met. This will be when the school receives a completed enrollment packet and the required fees.
4. Certification of Immunization (Form 3231) for all incoming students should be submitted before the first day of the school year. This form can be obtained either from your Doctor or the County Health Department. Students entering 6th grade must have a measles, mumps, rubella (MMR) booster before school starts.
5. School uniforms may be purchased at local department stores.

PROGRAM POLICIES

- A. The HOPE SPRINGS Christian Learning Center serves students from ages 7 to 14 years of age.
- B. Instructional classes range in size from 3 to 5 students per classroom.
- C. Classes are organized according to grade level, but the child will receive appropriate working skill level instruction. Class placement will be determined by the administrator, but skill and maturity levels will be a factor in the placement of the student.
- D. Therapy consists of one-to-one sessions two times per week for 55 minutes each. This is supplemented by three Rhythmic Writing practice sessions each week (10 to 15 minutes each) under the supervision of a therapist or trained therapy aide. In addition, many NILD therapy techniques are used in the classroom throughout the day. All students enrolled in HOPE SPRINGS Christian Learning Center receive NILD therapy. Therapy sessions are scheduled during study hall and after school.
- E. Students must show evidence that they are covered by accident insurance.
- F. Parents are expected to attend all Parent Meetings and conferences. General information about learning disabilities and the policies of HOPE SPRINGS Christian Learning Center, as well as important announcements will be presented at these meetings.
- G. HOPE SPRINGS Christian Learning Center takes no responsibility for providing meals or transportation. A list of the names and addresses of parents is available in the HOPE SPRINGS Christian Learning Center office so parents who are interested may arrange a car pool.

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ANNUAL PROGRAM FEES

| | |
|--|-----------------|
| *Application fee: A non-refundable application fee must be submitted with the application prior to testing. | \$ 50.00 |
| *Testing fee for specific learning differences: complete battery of Learning Disability evaluations (Unless complete battery of NILD testing has been given by a trained NILD therapist within the past two years.) | \$ 400.00 |
| These application, testing fees, and testing are due prior to school enrollment or can be used for informational purposes for the parent/guardian. | Total: \$450.00 |
| Registration fee: required annually for each student | \$ 200.00 |
| Combined School Tuition and Therapy Sessions | \$8,400.00 |
| Book Usage Fee: must be paid at the time of registration or re-enrollment | |
| Grades 2-5 | \$ 225.00 |
| Grades 6-8 | \$ 250.00 |
| NILD initial book fee (new students only) | \$ 175.00 |
| Activity Fee: covers history projects, science projects, and related activities but does not include field trips. | \$ 125.00 |
| Rhythmic Writing Practice Supervision | \$ 250.00 |
| **School Entrance Test & Evaluation fee: required of current NILD students transferring from another NILD program. | \$ 75.00 |

~ The WISC (Wechsler Intelligence Scale for Children) is a required test, to be administered by a licensed psychologist, within the past two years. This test must be done prior to the testing Hope Springs Christian Learning Center does for specific learning differences which will be used to establish a protocol for individualized therapy.

* These fees apply to new students only.

**This fee only applies to NILD students transferring from another NILD program/therapist.

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**Combined School Tuition
 & Therapy Payment Plans
 2010-2011**

- A. Full Payment in Advance** \$ 8,400.00 due August 10, 2010
- B. Semi Annual Payments** \$ 4,305.00 due August 10, 2010
 (2 ½% fee) \$ 4,305.00 due January 10, 2011
- C. Monthly Payment Schedule** \$ 882.00 due 10th of each month for
 (5% fee) 10 months

| <u>Date Due:</u> | <u>Amount Due</u> | <u>Balance Due</u> |
|--------------------|-------------------|--------------------|
| August 10, 2010 | \$ 882.00 | \$ 7,938.00 |
| September 10, 2010 | \$ 882.00 | \$ 7,056.00 |
| October 10, 2010 | \$ 882.00 | \$ 6,174.00 |
| November 10, 2010 | \$ 882.00 | \$ 5,292.00 |
| December 10, 2010 | \$ 882.00 | \$ 4,410.00 |
| January 10, 2011 | \$ 882.00 | \$ 3,528.00 |
| February 10, 2011 | \$ 882.00 | \$ 2,646.00 |
| March 10, 2011 | \$ 882.00 | \$ 1,764.00 |
| April 10, 2011 | \$ 882.00 | \$ 882.00 |
| May 10, 2011 | \$ 882.00 | \$ 0 |

Each payment date will be allowed a ten day grace period before being charged a late fee of an additional \$25.00 per month in arrears.

Any account that falls two months (60 days) behind will be subject to closure and the student suspended, unless an acceptable payment plan is negotiated with the Administrator.

Payment receipts will be separated into tuition and therapy portions, when requested by the family for insurance purposes.

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Supplemental Funding Participation

The founders and the members of the Board of Directors of HOPE SPRINGS Christian Learning Center had a vision to establish a school that would provide a revolutionary new approach to helping children with learning disabilities, and to make it as affordable as possible for the average Christian family. To accomplish this they employed qualified NILD educational therapists to do both the therapy and the classroom instruction. With a very low student to teacher ratio, this has proven to be very expensive. It is important that everyone involved with HOPE SPRINGS Christian Learning Center recognize that tuition payments and fees cannot cover the operational expenses of the school. To offset the expenses of the school not covered by tuition and fees, Hope Springs Christian Learning Center has two fund-raisers each year. Each family is required to participate in these fundraising activities. Generous contributions are also necessary.

- A. HOPE SPRINGS Christian Learning Center provides each year a learning experience through approximately a week-long school trip. Each student plus a parent or adult chaperone are expected to attend. The cost of the trip usually ranges between \$400.00 - \$750.00 per person, depending on the destination and expenses of the trip planned.
- B. HOPE SPRINGS Christian Learning Center also has an annual Golf Classic in the spring of each year in which all parents are expected to participate by generating a minimum of \$500.00 in prizes or donations and two foursomes of golfers. If they are unable to participate, they will be responsible to personally donate the equivalent amount.

After expenses are paid, proceeds from these fund-raisers are used by Hope Springs Christian Learning Center for operating costs, advancement of teacher/therapist education, and other materials or services deemed necessary for the improvement of the school.

Proceeds from the school trip and any donations for the Golf Classic can be deducted on your income taxes as a donation to a non-profit organization. You will receive a tax form from the bookkeeper declaring the amount donated.



Enrollment Checklist Form

Please complete the forms indicated below as part of the admission procedures for each student.

Enrollment:

1. Application for Enrollment
2. Birth Certificate (due upon registration)
3. Immunization Certificate Form 3231 (revised Jan. 2000)
*ALL students entering 6th grade are to have an updated immunization form.
**Requirements: 2 doses Measles & Mumps
1 dose Rubella
2 doses Varicella (chicken Pox)
4. Vision, Hearing & Dental Certificate Form GA 3300 (must be current in the past 2 years)
5. Enrollment Checklist Form
6. Registration Form
7. Loan Agreement
8. Parental Agreement
9. Parental Information Form
10. Accident & Injury Procedure Form
11. Insurance & Emergency Medical Form
12. Medical Release & Allergy Form
13. Field Trip & Private Car Form
14. Request for Transcripts
15. Volunteer Form

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Registration Form 2010-2011

I would like to register my child _____ at Hope Springs Christian Learning Center for this school year. I agree to support the staff in prayer and comply with all rules and regulations set forth by the handbook and the administration.

Please check box for the desired payment plan for the 2010-2011 school year.

- one payment in August of \$8,400.00
- two payments (2 ½% interest) of \$4,305.00 & \$4,305.00 in August & January
- 10 monthly payments (5% interest) of \$882.00

The following school fee is due upon submission of new student enrollment papers:

- \$200.00 enrollment fee

The following school fees are due by May 15th:

- \$225.00 book fee for grades 2-5 Grades 2-5 total fees: \$775.00
- \$250.00 book fee for grades 6-8 Grades 6-8 total fees: \$800.00
- \$250.00 rhythmic writing fee
- \$125.00 activity fee
- \$175.00 NILD book fee

Other requirements for enrollment include:

- complete all indicated items on the Enrollment checklist

Parent's or Guardian Signature

Date

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LOAN AGREEMENT

I agree to pay the HOPE SPRINGS Christian Learning Center the sum of:

- \$ 8,400.00 for School Tuition & Therapy, plus the applicable fees, for the 2010-2011 school year.

I understand that since I/we are not able to pay this sum in advance, that this sum is provided as a loan to cover the annual school tuition and therapy fee. This remains a valid loan even if I should choose to withdraw my child from this program before the end of the school year.

The Finance Committee of the HOPE SPRINGS Board will review emergency cases of necessary withdrawal for possible exception.

PARENTAL AGREEMENT

We/I have carefully examined the Christian purpose and philosophy of HOPE SPRINGS Christian Learning Center and desire to cooperate with the school for the total educational well being of my child/children.

We/I understand that parents are asked to volunteer a minimum of 1 hour per month. Please see the Volunteer list for suggested ideas on how you can help HOPE SPRINGS Christian Learning Center (page 14 of packet).

We/I agree to abide by the following HOPE SPRINGS Christian Learning Center Policies, Procedures and Rules:

1. We/I understand that HOPE SPRINGS Christian Learning Center is intended to be an extension of the Christian family. We/I recognize the importance of modeling spiritual behavior before our/my child and of practicing regular church attendance.
2. We/I will make every effort to attend all Parent Meetings and Conferences.
3. We/I recognize that HOPE SPRINGS Christian Learning Center is a non-profit Christian organization that is totally dependent upon the prompt payment of tuition and fees. Therefore we/I agree to pay all tuition and fee payments when due. We are aware that if payments are not made on time, a \$25 late fee will be assessed on the twentieth day of each month the account is in arrears.

Signed _____ Date _____
Parent or Guardian

Approved by _____ Date _____
Director or Administrator

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Parental Information Form

Student's Name: _____ Nickname: _____

Student's Birthday: _____ County of Residence: _____

Father's Name: _____ Occupation _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (Cell) _____

E-mail: _____

Mother's Name: _____ Occupation _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (Cell) _____

E-mail: _____

Grand Parents (if local): _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (Cell) _____

E-mail: _____

People authorized to pickup my child from school including those listed above:

Name: _____

Phone: (H) _____ (W) _____ (Cell) _____

Name: _____

Phone: (H) _____ (W) _____ (Cell) _____

Name: _____

Phone: (H) _____ (W) _____ (Cell) _____

My child should NOT be released to the following individual(s) under any circumstances:

Name: _____

Description: _____

Relationship: _____

If your child is to be released to someone not listed above, a written note, dated and signed by the parent or guardian will be required. If a note is not received, your child will not be able to leave the school premises with the unauthorized person.

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Accident and Injury Procedures

1. In the case of an accident with minor injury, first aid will be administered by the teacher.
2. In the case of an accident with serious injury where emergency treatment is needed, both parents and emergency crews will be called immediately, and an accident report filled out.
 - A. The Director or Administrator will be notified at once.
 - B. To prevent shock the child will be laid down, covered with a coat or blanket, and the feet elevated.
 - C. Head injuries will always be treated as serious until proven otherwise by a doctor.
3. In cases where neither parent can be contacted yet medical treatment is needed, the family must have signed this form which permits the school administration to use its best judgment in contacting a physician or transporting the child to a hospital.
4. No internal medicine of any kind (including aspirin) will be administered unless noted on the Medical Release Form. Prior to administration, there will be a phone call to the parent/guardian.
5. All accidents will be documented by the attending teacher and placed into the child's file.

Insurance & Emergency Medical Form

Student's Name: _____

Mother & Father's phone numbers will be referenced from the Parent Information Form.

Emergency contact person's name (other than parent): _____

Telephone (H) _____ (W) _____ (C) _____

Is Hope Springs CLC authorized to approve medical treatment? Yes No

Is the student covered by personal/family medical insurance? Yes No

If yes, name of the insurer: _____ Policy # _____

By signing below, the parent/guardian of the enrolled student acknowledges and accepts the risks of physical injury associated with participation in school activity. Except for gross negligence on the part of the sponsor, the parent/guardian of the enrolled student accepts personal, financial responsibility for any bodily or personal injury sustained during school activity. Further, the parent/guardian of the enrolled student promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over agreement or any claim for damages arises, the student (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Parent/Guardian's Signature

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Medical Release Form

Child's Name: _____

Parent's Name/s: _____

Phone Number: (H) _____ (W) _____ (C) _____

My child takes these medications daily, but they *should not* need to be administered at school:

Name of Medication:

Dosage:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If in an event, such as a headache, toothache, etc..., I understand that a phone call to the parent or guardian will be made before any medication is given to my child so all parties will know when the medication has been dispensed. This medication will be given as written and directed below.

Name of Medication:

Dosage:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Allergy Alert

- My child has *no known allergies* or intolerances to any substances/food.
- My child has allergies and/or intolerances to the substances/foods listed below.

- In the event my child has an allergic reaction to any of the above, please take the following action:

My child, named above, has permission to receive the medication listed as indicated if it is necessary to dispense it at school. The school and any staff members will not be held liable for any adverse effects from the medications listed above if dispensed.

I, parent or guardian of the above named student, understand and agree to the above document.

Parent/Guardian's Signature

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Field Trip Private Car Information



We appreciate your willingness to drive on one of our school field trips. It is important to us to communicate our concern for safety during this activity. Please observe the following guidelines that will ensure the highest level of safety for our students:

1. Always make sure your vehicle is in proper working order.
2. Always observe safe driving habits and highway traffic rules.
3. Maintain the control of the students traveling in your car and use care when loading and unloading students.
4. Try to stay within visual sight with other cars traveling to the activity and make sure you have correct directions to and from the activity prior to leaving the Hope Springs Christian Learning Center campus.
5. Your auto insurance must be current and meet all Georgia laws.

Please indicate if you are willing to be a driver on our field trips:

Yes, I am willing to drive on field trips *any day*.....my vehicle will hold _____ (total # including driver)

Yes, I would like to help drive on field trips but can only help on the days circled below:

Mon. Tues. Wed. Thurs. Fri.

My vehicle will hold _____ (total # including driver)

No, I would prefer not to be a driver on field trips

Name of Automobile Insurance Company: _____

Policy Number: _____

Parent/Guardian's Signature

Date

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Request for Transcripts

Please fill out the form below and return to Hope Springs Christian Learning Center office with completed application.

Please print or type information requested.

AUTHORIZATION OF RELEASE FOR EDUCATIONAL RECORDS

Name of Student _____ Birthdate _____

Grade _____ SSN # _____

Name of most recent school attended _____

Address of school _____

Phone number _____ Fax # _____

In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Hope springs Christian Learning Center. Further, I agree for any other information requested to be released to Hope Springs CLC, about the above named student.

Parent/Guardian's Signature

Date

TO RECORDS CLERK, GUIDANCE COUNSELOR OR PRINCIPAL:

Hope Springs Christian Learning Center would appreciate your prompt reply to our request for the following documents:

- Complete transcript and latest grades
- Health records/immunization records
- Standardized test results
- Any information on placement in special programs
- Any special testing results

PLEASE MAIL TO:

Hope Springs CLC
Attn.: Sharon Anthony, Director
1239 Braselton Hwy.
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Volunteers

Hope Springs Christian Learning Center requests that parents volunteer a minimum of 1 hour per month during the school year. We understand that this might be difficult due to jobs, having little ones at home, etc. If you have any free time and can help by volunteering, it would be greatly appreciated. By volunteering, the teachers are free to concentrate on the education and therapy for the children. Listed below, you will find a list of ideas for volunteer services. Thank you for helping the school.

Ideas:

- Answer phones
- Be trained to help with Rhythmic Writing
- Run errands for the school (pick up supplies, etc.)
- Dust and/or vacuum
- Monitor study hall once a week
- Monitor lunchroom once a week
- Write individual lunch orders on summary forms
- Run copies or laminate items for teachers
- Clean the restrooms
- Clean the pond
- General maintenance of the school building (sweep front porch, change light bulbs)
- Straighten books in the great room
- Seasonal decorating
- Prayer coordinator
- Catalog new teacher materials and donations
- Organize materials and boxes of supplies
- Clean and organize the sheds