The Learning Spectrum

2019-2020 School Year Registration
The Learning Spectrum 2019-2020 School Year Registration DUE to location by MARCH 15, 2019.
Central (Worthington) - South (Canal Winchester) - North East (Johnstown)

*Non-Refundable $100 enrollment fee due at time of registration.*

Please select all services wanted and list payment source

<table>
<thead>
<tr>
<th>Education Services</th>
<th>Days</th>
<th>Times</th>
<th>Tuition</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool - High School</td>
<td>M - F</td>
<td>9:00 am - 3:30 pm</td>
<td>$27,900 annually</td>
<td></td>
</tr>
<tr>
<td>Peer Rate</td>
<td>M - F</td>
<td>9:00 am - 3:30 pm</td>
<td>$350 month</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapy Services</th>
<th>Days / Times</th>
<th>Rates</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>Scheduled on individual basis</td>
<td>$105 per HR</td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Scheduled on individual basis</td>
<td>$105 per HR</td>
<td></td>
</tr>
<tr>
<td>Music Therapy</td>
<td>Scheduled on individual basis</td>
<td>$32.50 per 30 MIN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavior Health Services</th>
<th>Days / Times</th>
<th>Rates</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBA Consultation</td>
<td>Scheduled on individual basis</td>
<td>$120 per HR</td>
<td>Private Pay or insurance/Medicaid based</td>
</tr>
<tr>
<td>ABA 1:1</td>
<td>Scheduled on individual basis</td>
<td>$65 per HR</td>
<td>Private Pay or insurance/Medicaid based</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusion Support Services</th>
<th>Days / Times</th>
<th>Rates</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 and classroom support (off site)</td>
<td>Scheduled on individual basis</td>
<td>*See Rate Sheet ** No Registration Fee Required</td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Scheduled on individual basis</td>
<td>*See Rate Sheet Fee Required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Offerings</th>
<th>Days / Times</th>
<th>Rates</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Tutoring</td>
<td>Scheduled on individual basis</td>
<td>$35 per HR</td>
<td></td>
</tr>
<tr>
<td>Educational and IEP Consult</td>
<td>Scheduled on individual basis</td>
<td>$105 per HR</td>
<td></td>
</tr>
</tbody>
</table>
### Inclusion Services

#### Student

#### School

<table>
<thead>
<tr>
<th>Qty</th>
<th>Description</th>
<th>weekly</th>
<th>Unit Price</th>
<th>Line Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 Classroom support</td>
<td>4 hours OR LESS</td>
<td>$6,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>5 hours</td>
<td>$7,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>6 hours</td>
<td>$9,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>7 hours</td>
<td>$10,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>8 hours</td>
<td>$12,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>9 hours</td>
<td>$13,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>10 hours</td>
<td>$15,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>11 hours</td>
<td>$16,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>12 hours</td>
<td>$18,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>13 hours</td>
<td>$19,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>14 hours</td>
<td>$21,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>15 hours</td>
<td>$22,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>16 hours</td>
<td>$24,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>17 hours</td>
<td>$25,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:1 Classroom support</td>
<td>18 hours</td>
<td>$27,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared classroom support</td>
<td>10 hours</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared classroom support</td>
<td>20 hours</td>
<td>$20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared classroom support</td>
<td>27 hours</td>
<td>$27,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech therapy</td>
<td>45 minutes</td>
<td>$3,150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afterschool tutoring (add on)</td>
<td>1 hour</td>
<td>$1,350</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

Parent Signature: ___________________________________________ Date ___________________
FACILITY UPGRADE FEE

TLS will be instituting a facility upgrade fee for the 2019-2020 school year: $1000 per child, with discounts for families who have multiple children enrolled ($500 per year child for the second and additional children).

$100 of this fee is a non-refundable enrollment fee due with registration paperwork by March 15, 2019 (see attached services and payment source form), the other $900 can be paid in full at the beginning of the school year, paid in quarterly installments of $225 each, or paid in monthly installments of $100 each. (For additional siblings: $50 enrollment fee and $450 paid in full/$112.50 quarterly/$50 monthly per child.)

Please indicate below which payment plan and method you would like to use to pay your fee:

Child’s Full Name (Please Print): ______________________________________________________________

Child’s Full Name (Please Print): ______________________________________________________________

Child’s Full Name (Please Print): ______________________________________________________________

Parent/Guardian Name (Please Print): _________________________________________________________

We will pay our fee:

___ $900 in full, due Aug. 1, 2019

___ $225 per quarter, due Aug. 1, 2019; Oct. 15, 2019; Jan. 15, 2020; and Mar. 15, 2020

___ $100 per month, due the first of each month Aug. 2019 – Apr. 2020 (nine payments total)

___ $450 for each additional child/$112.50 quarterly/$50 monthly (circle one if applicable)

Payment method:

___ Cash

___ Check (made payable to The Learning Spectrum)

___ Charge my credit card on file (see attached Credit Card on File Agreement)

Parent/Guardian Signature: _____________________________________________ Date: ______________________

As always, if a family has a financial hardship, we will provide paperwork to you in order to get the financial fees reduced. Please contact your site director if you need hardship paperwork.
Child's Name:______________________________________________________________

Date of Birth:___________________________________________ Age:_______________

Parent or Guardian:_________________________________________________________

Primary Phone Number:_____________________________________________________

E-Mail:____________________________________________________________________

Current Address:___________________________________________________________

City:_______________________________________________ Zip Code:_____________

School District of Residence:________________________________________________

Registration Fee included Check #:_______________ Staff Initials:_______________

*For credit card payments see attached form accepted by phone - call 614-844-5433

Please select location for services:

- [ ] Central (Worthington)
  122 Dillmont Drive
  Columbus, OH 43235
  614-844-5433

- [ ] North East (Johnstown)
  3060 Johnstown-Utica Road
  Johnstown, OH 43031
  740-759-7099

- [ ] South (Canal Winchester)
  122 Washington Street
  Suite 401
  Canal Winchester, OH 43110
  614-834-1114

- [ ] ABA Therapy/Behavioral Health
  1277 Worthington Woods Blvd.
  Columbus, OH 43085
  614-844-5433
Credit Card on File Agreement

TLS has implemented a policy which enables you to maintain your credit card information securely on file with The Learning Spectrum. In providing us with your credit card information, you are giving The Learning Spectrum permission to automatically charge your credit card on file for your monthly tuition for any minor child(ren) you have listed on this form. By signing this you authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request.

This card will only be authorized for the use of credit card holder, and his or her minor child(ren) listed below.

Outstanding Balance: If there are any other outstanding balances owed after 30 days of service, The Learning Spectrum will notify you via phone and or email. If we do not receive a response from you or your payment in full, at that time the balance owed will be charged to your credit card. A copy of the charge will be sent by email or mail to you. This in no way compromises your ability to dispute a charge.

I authorize __________________________, to charge tuition and outstanding balances on my account to the following credit card:

- VISA
- MasterCard
- American Express
- Discover

Credit Card Holder’s Name:_______________________________________
Credit Card Number:_____________________________________________
Expiration Date:_________________________  CVC:____________________

Child’s Full Name (Please Print):_____________________________________________________
Child’s Full Name (Please Print):_____________________________________________________
Child’s Full Name (Please Print):_____________________________________________________

Parent/Guardian Signature:___________________________ Date:________________________
Therapy Registration Scheduling Request 2019-2020

Child’s Name:________________________________________________________________________

Parent/Guardian(s) Name:______________________________________________________________

Phone (Primary):_________________________ Phone (Secondary):________________________

Home Address:_____________________________________________________________________

*E-mail (Required):________________________________________________________________

Child’s Physician:___________________________________________________________________

My Child is currently enrolled at The Learning Spectrum:

Central (Worthington) ☐ North East (Johnstown) ☐ South (Canal Winchester) ☐

My child attends school/ programming elsewhere; needs outpatient therapy only: ☐

I would like for my child to receive services at the following location:

Central (Worthington) ☐ North East (Johnstown) ☐ South (Canal Winchester) ☐

I would like for my child to receive the following services utilizing the listed funding source:

Service :       Funding Source - Please List:

Speech Therapy ☐ ____________________________________________

Occupational Therapy ☐ ______________________________________

Music Therapy ☐ ____________________________________________

*NOTE: if utilizing insurance/Medicaid, a copy of your card must be submitted with this form.

My child receives additional therapy services outside of The Learning Spectrum: ☐

Day(s):______________________________ Time(s):___________________________

Please list top three day/time preferences below if your child does not attend The Learning Spectrum or needs before/after school accommodations:

My child may receive services during TLS day/school hours

Please schedule therapies back to back ☐ ☐

Day(s):______________________________ Time(s):___________________________

Additional Notes:__________________________________________________________________

Please return this form along with a copy of your insurance and/or Medicaid cards (front and back) to: Julia Jovanovic, M.A. CCC-SLP –Speech Language Pathologist/Therapy Director

therapy@thelearningspectrum.com