

2017/2018 After School Tutoring



*All programs are evidenced-based with 35+ years of research
Students confidently master skills to improve their academic performance*

1. **Reading Program**

- Ages 5-7, 3:1 teaching ratio

A systematic, phonetic approach to reading that kids enjoy and learn from quickly!

“The program has been working really well. My son has gone from tears to excitement at the thought of learning to read. More importantly, he has begun to read!”

“My son started this program in early spring. His teacher is amazed at how much he had learned over the summer. He’s now on par with his peers.”

2. **Math Skills Program**

- Ages 5-10, 3:1 teaching ratio

Is your child struggling to keep up with his class in math? Does she still use her fingers to add and subtract? This program builds on foundation skills by solidifying basic math concepts.

“This program has changed my daughter’s life. She is getting A’s in math for the first time in her life!”

3. **Grammar and Writing Program**

- Ages 7-10, 3:1 teaching ratio

Does your child have difficulty formulating ideas on paper? Then this program will be perfect for your child! Our Grammar and Writing program makes sense of grammatical rules and eases the burden of writing. Children can advance their English and writing skills up to two years!

4. **Emotional Regulation Program**

- Ages 5-12, 3:1 teaching ratio

Does your child remind you more and more of a character from Inside Out? Do you often wonder whether your child is stuck on an emotional roller coaster? Then this program is for her!

Emotional regulation teaches students to first identify their emotions, rate them and finally regulate themselves. Perspective taking is also taught during this course.

5. **Social Skills Program**

- Ages 5-12, 3:1 teaching ratio

Our social skills programs are a fantastic way to make new friends. If your child has a tough time interacting socially because he’s fearful or she doesn’t know how to initiate or extend a conversation, then this program is for her! We focus on appropriate ways to interact and socialize with peers including: conversational skills, turn taking, sharing, and community outings that incorporate street safety, waiting in line, walking with a friend and many more!





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6. Extra Homework Help

- Ages 5-12, 3:1 teaching ratio

Are you and your child struggling to complete homework together?

Do you want to pull out your hair when you are trying to teach him that one concept...!!!

You are a parent, not an educator. Leave it to the experts. We can help your child with homework so that you have more time to do the fun things.

7. Other Programs

- Ages 5-12, 3:1 teaching ratio

All our programs are uniquely developed for your child's needs and goals. We offer free intakes and will have your child come in to interact with peers to determine the best placement for him/her!

2 Locations!



1076 Rutherford Road
 (Between Dufferin and Bathurst)
 Vaughan, ON
 L6A 1S2
 905-417-6688

1445 Eglinton Ave W
 (Eglinton and Allen Road)
 Toronto, ON
 M6C 2E6
 1-800-763-0582

Fees: Mix and match programs in ½ hour increments, based on your child's needs (minimum 1 hour commitment per session)

Days	Hours	Fee Schedule	Notes
To be determined	To be determined	\$50/hour <i>*Note: price includes BCBA fee + materials + paperwork</i>	<ul style="list-style-type: none"> • Free initial assessment to determine skill readiness • Session fees are GST exempt • All materials are included in your session fee • No credits or make-ups will be given for missed classes.

Please Note: All food that is brought from home and must be completely nut free

Registration and Payment Policies and Procedures

Payment Policies:

- Invoices will be provided at the beginning of every month.
- Payment is due on receipt and can be made by e-transfer, cheque or credit card.
- There is a 3% service charge added when paying by credit card.



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Registration Confirmation:

- Kid Mechanix will confirm your registration via email once all paperwork and payment have been received. Registration will not be considered formalized until you have confirmed back with us.

Refund Policy:

- A child may be withdrawn from the program by providing one month's written notice. Any deposited tuition is non-refundable
- Fees will not be refunded for temporary illness or vacation

Attendance Policy:

- ABA programs are designed to be intensive.
- Commitment and attendance is required to ensure the maximum benefits of all students. There are no refunds for missed sessions.

Late Pick Up Fee:

- There will be a late pick up fee of \$20 for every 10 minutes past scheduled pick up time
- The late fee will be payable in cash or cheque upon arrival

Select which days that you are applying for:

- Mondays – Time: _____
- Tuesdays – Time: _____
- Wednesdays – Time: _____
- Thursdays – Time: _____
- Fridays – Time: _____

Select the location:

- Vaughan campus
- Toronto campus



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Date of Application: ____ / ____ / ____ Date of Admission: ____ / ____ / ____
Date Month Year Month Year

Applicant Information:

Name: _____
First Middle Last

Address: _____
Street City & Province Postal Code

Gender: Male Female Date of birth: ____ / ____ / ____
Date Month Year

The Ministry of Education Requires that we have business numbers and address for both parents. You MUST fill this in even if you work from home or do not work.

Mother's Name: _____ E-Mail: _____

Cell Phone: (____) _____ Business Phone: _____

Business Address: _____

Father's Name: _____ E-Mail: _____

Cell Phone: (____) _____ Business Phone: _____

Business Address: _____

Address (if different from above): _____

PERMISSION TO PICK UP AND EMERGENCY CONTACT

Please note that photo identification will be required for pick up from people other than primary caregivers.

Permission to Pick Up	Emergency Contact and Phone Number
1.	1.
2.	2.
3.	3.



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Doctor's Name: _____ Phone Number: (_____) _____

Doctor's Address: _____

Allergies or Medical Problems: _____ OHIP Number: _____

Any conditions or behaviours that require special attention, medication or a special diet?

Please list any history of communicable diseases (e.g. Measles, Chicken Pox, Meningitis, Pertussis, etc.) _____ Date: _____

_____ Date: _____

Please check here if there is no history of communicable disease

School Experience:

Name of School/Daycare: _____

Attended from _____ / 20____ to _____ / 20____

Educational Assistant: yes no

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Marital Status: Married Separated Divorced

Separated/Divorced how long: _____

Stepfather how long: _____ Stepmother how long: _____

Languages Spoken at Home: _____, _____, _____



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Parental Goals:

Fill in only the applicable categories: *Be as specific as possible. Use the other side of the paper if you need more room.*

a) Language/Communication Goals: _____

b) Behaviour Reduction: _____

c) Academic: _____

d) Self-Help: _____

e) Play/Leisure Skills: _____

f) Social Skills: _____

g) Gross Motor: _____

h) Fine Motor: _____

Likes/Dislikes:

List some of your child's likes: _____

List some of your child's dislikes: _____



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Program Concerns

Any programming issues or concerns are to be addressed directly with KM, and not through a third party, so that we may determine a plan to move forward/rectify the situation.

Guidelines for Responsible Conduct

Behaviour Analysts (BCBA's) adhere to a code of ethics regarding responsible conduct. As a client, you have the right to lodge a complaint about professional practices of Behaviour Analysts with the BACB. Parents are encouraged to review this code: <http://www.bacb.com/ethics>

Emergency Consent Form

In the case that an emergency arises, I grant permission to any staff member at Kid Mechanix Inc. and/or First Foundations Children's Academy to take whatever measures it feels proper and appropriate considering the circumstances. I give permission to have my child examined by a physician if the necessity arises. If, at any time, due to such circumstances such as accident, sudden illness, or emergency medical treatment is required, I give consent to emergency transportation.

PRINT name of parent/guardian: _____

SIGNATURE of parent/guardian: _____ Date _____

Confidentiality

KM ensures confidentiality with respect to your treatment, except in the case of abuse, risks of suicide or homicide, or any case from a judge. Email may be intercepted between the sender and the receiver and is therefore neither secure nor confidential. Your continued use of email communication confirms that you accept this risk. KM will abbreviate names (using learner's initials instead) in emails to help increase confidentiality. KM posts data sheets and program materials on google drive. We also communicate via email. You can choose to opt out of google drive and/or email at any point by contacting the director of KM.



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Email Consent

I am aware that email is not secure. However, it is a very fast and efficient way to communicate with team members.

- I grant permission for *Kid Mechanix, Inc.* to send me behaviour change programs (including data sheets, program materials, and team notes) via email as long as there is no identifying information on them.
- Do not send any programs or notes through email unless they are password protected.
- Please do not use email to communicate.
- Google Drive is okay.
- Dropbox is okay.
- No electronic documents are okay. (I recognize that this may slow down the programming process)

Kid Mechanix bills using Quickbooks invoices.

- I grant permission for *Kid Mechanix, Inc.* to send my invoices/receipts via email. I recognize that there is identifying information on the invoices/receipts, but that is okay.
- Only send me invoices/receipts via email that are password protected. Do not send me invoices/receipts via email. Please print and deliver the invoices/receipts during your next visit, or mail the invoices.

I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at any time in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Kid Mechanix, Inc.

Your Name: _____ Signature: _____

Relationship to the Child: _____ Date: _____



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Photography Consent Form

Photographs and/or videos may be taken during group sessions for teaching purposes and to document child progress. With consent, these images may be used for newsletters, parent communication, teaching materials, arts & crafts, bulletin boards within the centre, Kid Mechanix website, etc.

Note: No identifying names will be issued with the pictures.

Please initial beside all statements that apply:

- I grant permission for photos/videos to be taken and distributed to parents/guardian (i.e., to document progress) – this would be done via email or other web-based program
- I grant permission for photos/videos of my child to be used within the centre (e.g., for teaching purposes, bulletin boards, arts & crafts, etc.)
- I grant permission for my child to appear in Kid Mechanix/First Foundations newsletters
- I grant permission for my child to appear on the Kid Mechanix/First Foundations website/facebook/etc.
Note: no identifying information will be used (i.e., names)
- I do **NOT** grant permission for any photos/videos to be taken of my child

Note: I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at anytime in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Kid Mechanix, Inc.

PRINT name of parent/guardian: _____

SIGNATURE of parent/guardian: _____ Date _____



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Parent/ Caregiver Contract

I hereby make application for the enrolment of the following child as a pupil at Kid Mechanix for the year 2017/2018. With my application I am including a deposit in the amount of _____.

I understand that this deposit is **non-refundable under any circumstances**. I understand that if I cancel my child's registration or any portion of my child's registration prior to September 2017, I will not receive **any** refund for my deposit. I agree that if I withdraw my child from the program at any time during the school year, I will not receive any refund for my deposit or already cashed cheques. I agree to abide by the rules and regulations of the school.

I acknowledge that I have read the application for enrolment and understand all policies.

PRINT name of parent/guardian: _____

SIGNATURE of parent/guardian: _____ Date _____