



READING/WRITING LEARNING CLINIC SPRING 2020 REGISTRATION INFORMATION

Welcome to the Reading/Writing Learning Clinic

Hofstra University's Reading/Writing Learning Clinic at the Joan and Arnold Saltzman Community Services Center is dedicated to providing state-of-the-art literacy support services for children, adolescents, and adults who seek to develop their abilities and confidence as readers and writers in a safe and supportive environment. Instructional services are designed to foster literacy growth and allow learners to take risks as they develop their proficiency as readers and writers. All professional services are provided by New York state-certified educators, who offer parents straightforward advice about how to support their children's literacy growth. The Literacy Program at Hofstra's Reading/Writing Learning Clinic provides the perfect balance of instructional support to keep your child engaged in relevant literacy experiences. Our goals are to:

- ▶ **Build students' literacy strengths in a small learning community.**
- ▶ **Develop confident readers and writers.**
- ▶ **Support the use of proficient reading and writing strategies.**

About the Spring Literacy Program

Intensive reading and writing strategy instruction classes begin in February 2020 and extend through May 2020. Classes meet once a week for two hours for group sessions. Families may register for classes that meet after school one day a week or for classes that meet on Saturday mornings. Instruction is provided in small groups, with a maximum of five students per group. The determination of a class for your child is based on the learner's needs. For individual sessions, classes meet once a week for one hour.

Registration

In order to confirm placement in our program, please complete and submit the registration forms, along with a \$100 registration deposit. Please note that your \$100 registration deposit is fully applicable to your tuition. Your check must be made payable to Hofstra University. Registration forms received by January 10, 2020, are eligible for an early registration discount.

Fee Schedule

Small Group (maximum of 5 students per group)
\$520 for 12 classes (two hours per class)

Individual
\$660 for 12 classes (one hour per class)

To expedite and ensure proper placement of your child in our program, and to benefit from the early registration discount, please submit your registration forms and deposit by **January 10, 2020**.

Registration Checklist:

- ✓ Completed Registration Form
- ✓ Completed Registration Survey
- ✓ Completed Student Contact Information Form
- ✓ Completed Payment Agreement Form
- ✓ Completed Subject Release Permission Form

All forms must be sent to the Joan and Arnold Saltzman Community Services Center.

Your may mail them to:

Reading/Writing Learning Clinic

131 Hofstra University, Hempstead, NY 11549-1310

Or fax them to: 516-463-4831

Please call 516-463-5805 for further information.

Nondiscrimination Policy – Hofstra University is committed to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status (characteristics collectively referred to as "Protected Characteristic") in employment and in the conduct and operation of Hofstra University's educational programs and activities, including admissions, scholarship and loan programs, and athletic and other school-administered programs. This statement of nondiscrimination is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act, and other applicable federal, state, and local laws and regulations relating to nondiscrimination ("Equal Opportunity Laws"). The Equal Rights and Opportunity Officer is the University's official responsible for coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination Policy, or regarding Title IX as it relates to reports against employees or other nonstudents, should be directed to the Equal Rights and Opportunity Officer, who also serves as the Title IX Officer for Employee Matters, at HumanResources@Hofstra.edu, 516-463-6859, 205 Hofstra University, Hempstead, NY 11549. Student-related questions or concerns regarding Title IX should be directed to the Title IX Officer for Student Issues at StudentTitleIX@Hofstra.edu, 516-463-5841, 127 Wellness & Campus Living Center, Hempstead, NY 11549. For additional contacts and related policies and resources, see hofstra.edu/eoe.

Student Progress

Instructors will arrange a parent/guardian conference before the conclusion of the instructional semester. Student progress reports are provided at the conference.

Absences/Lateness

Please make every effort to arrive promptly for your instructional classes. If you need to miss a class, please call the Reading/Writing Learning Clinic at **516-463-5805**. We ask that you contact us in advance so that your instructor may be notified in a timely manner.

Payment

A payment agreement must be signed and included with your registration. Placement will not be made without a signed payment agreement. Instructional fees are due according to your payment agreement. All balances must be paid in full by the first day of class.

Instructional fees are nonrefundable, and fees for service will not be adjusted due to absence(s). Classes missed due to absence will not be made up by the instructor.

Withdrawal

If you wish to discontinue instruction, you must notify the Reading/Writing Learning Clinic in writing. All refunds or credits for withdrawal are made at the discretion of the director and are contingent upon the date of receipt of written notification.

If you withdraw from the Reading/Writing Learning Clinic before the third scheduled class, a prorated refund will be made; no refunds will be applied on withdrawals after the third scheduled class. The Reading/Writing Learning Clinic charges a \$35 administration fee per program change, including withdrawals.

Library

We are pleased to provide your child with the opportunity to borrow books from our library. Your cooperation is requested in returning our library books promptly. Parents/guardians will be charged for lost library books.



Spring 2020 Registration Form

Kindly submit your registration forms and registration fee by January 10, 2020, to benefit from the early registration discount.

Name of Student: _____

Grade as of September 2019: _____

Home Phone: (____) _____

Student Status: ☐ New ☐ Continuing

Date of Birth: _____

Please complete either Section 1 or 2.

SECTION I – Small Group Literacy Instruction

Complete this section only if you are interested in enrolling your child in small group instruction.

Fee: \$520 for 12 classes (maximum of 5 students per group; two hours per class).

- Classes meet for two hours once a week, on Monday, Tuesday, Wednesday, Thursday, or Saturday.
- Students are placed in an appropriate group and assigned an instructor based on their individual needs.
- We make every effort to accommodate your first preference for day and time of small group instruction; however, we can place students only when an appropriate group is available. It is for this reason that we request that all registrants provide an alternate choice.

CONTINUING STUDENTS ONLY:

☐ If possible, I would like to continue with my current class placement, which meets:

Day: _____ Time: _____ Literacy Specialist: _____

☐ I am not available to continue during my current day/time and have indicated my scheduling preferences below.

Please mark "1" for your first choice and "2" for your alternate choice, for both your preferred day and your preferred time.

Monday ____	Tuesday ____	Wednesday ____	Thursday ____	Saturday ____
4:30-6:30 p.m. ____	4:30-6:30 p.m. ____	5-7 p.m. ____	4:30-6:30 p.m. ____	8:30-10:30 a.m. ____
6:30-8:30 p.m. ____	6:30-8:30 p.m. ____	6-8 p.m. ____	6:30-8:30 p.m. ____	10:45 a.m.-12:45 p.m. ____

SECTION 2 – Individual Literacy Instruction

Complete this section only if you are interested in enrolling your child in individual instruction.

Fee: \$660 for 12 classes (one hour per class). Enrollment is limited.

- These sessions are for students requiring special attention. Placement requires approval of the director.
- Individual instructional classes meet for one hour, once a week.
- There are no individual classes offered on Saturday.
- The student is assigned to an instructor based on the learner's needs.
- Requests for an instructor and class time are granted only if available.
- There are no refunds for missed classes.

CONTINUING STUDENTS ONLY:

☐ If possible, I would like to continue with my current class placement, which meets:

Day: _____ Time: _____ Literacy Specialist: _____

☐ I am not available to continue during my current day/time and have indicated my scheduling preferences below.

Please mark "1" for your first choice and "2" for your alternate choice, for both your preferred day and your preferred time frame within which to schedule your one hour of weekly individual instruction.

Monday ____	Tuesday ____	Wednesday ____	Thursday ____
4:30-6:30 p.m. ____	4:30-6:30 p.m. ____	5-7 p.m. ____	4:30-6:30 p.m. ____
6:30-8:30 p.m. ____	6:30-8:30 p.m. ____	6-8 p.m. ____	6:30-8:30 p.m. ____

Spring 2020 Registration Survey

Name of Student: _____

NEW STUDENTS: Please answer all questions below so that we may understand your child's literacy strengths and needs and provide an appropriate placement for your child in our Literacy Program. You may ask your child's current teacher to help you complete this part of the survey.

CONTINUING STUDENTS: Please answer any questions below to indicate any **changes** in your child's medical condition(s), medication(s), or educational service(s), as well as any newly diagnosed condition(s).

Or, check here for **no changes**. ☐

Why are you enrolling your child in our Literacy Program? _____

Is your child receiving any additional support services in school? If so, please describe.

Please describe your child as a reader. _____

Does your child consider themselves to be a good reader? _____

What does your child like to read? _____

Please describe your child as a writer. _____

When writing, does your child communicate clearly? _____

Does your child consider themselves to be a good writer? _____

What does your child like to write? _____

Please indicate if any language(s) other than English is (are) spoken, read, or written in the home.

Does your child speak, understand, read, or write any additional language(s)? _____

Parent/Teacher Comments: _____

Please provide us with copies of any additional information to help us get to know your child better as a reader and writer. This may include a copy of your child's latest report card, standardized test scores, or an IEP report if applicable.

Medical Information

Please advise us about any medical conditions (for example, asthma, food or other allergies, seizure disorders, etc.) or medications that your child is taking. _____

Please advise us about any diagnosed conditions that may help the literacy specialist work more effectively with your child. _____

Has your child had an evaluation at the Reading/Writing Learning Clinic? Yes _____ No _____ Date _____

Have you utilized other services at the Saltzman Community Services Center?

Yes _____ No _____ If yes, which clinic? _____

Student Contact Information Spring 2020

Name of Student: _____

NEW STUDENTS: Please answer all questions below.

CONTINUING STUDENTS: Please answer any questions below to indicate any **changes** in your child's contact information.
Or, check here for **no changes**. ☐

Date of Birth: _____ Grade as of September 2019: _____

School: _____ School District: _____

Home Phone: () _____

Home Address: _____
Street Address *City/Town* *ZIP code*

To be completed for clients 18 years old or younger:

Mother/Guardian: _____ Father/Guardian: _____

Address: _____
(if different from above) *(if different from above)*

Home Phone: () _____
(if different from above) *(if different from above)*

Work Phone: () _____

Cell Phone: () _____

Email: _____

Emergency contacts other than parent(s):

***Please note, parent/guardian will be called first.**

1) Name _____ Phone () _____ Relationship _____

2) Name _____ Phone () _____ Relationship _____

FOR ALL CLIENTS:

I have read and understand the Clinic Policies and Registration Information contained herein.
I agree to abide by these policies.

Parent/Guardian Name (Please print.)

Parent/Guardian Signature (Please sign.)

Please call 516-463-5805 for further information.

Payment Agreement Form Spring 2020

I, _____, select the following option for instructional services
(Please print name of client or parent/guardian of school-aged child.)

for _____
(Please print name of client.)

Please select a payment option for your preferred instructional program.

☐ **Small Group Instruction (Please select payment option.)**

- ☐ Full payment with registration. If received by January 10, 2020, an **early registration discount*** applies to the full tuition.
- ☐ Deposit of \$100 due with registration; remaining balance calculated by bookkeeper. **Full balance is due by the first day of class.** Placement will not be made without a \$100 deposit and a signed payment agreement.

☐ **Individual Literacy Instruction (Please select payment option.)**

- ☐ Full payment with registration. If received by January 10, 2020, an **early registration discount*** applies to the full tuition.
- ☐ Deposit of \$100 with registration; remaining balance calculated by bookkeeper. **Full balance is due by the first day of class.** Placement will not be made without a \$100 deposit and a signed payment agreement.

Payment plans may be considered in cases of financial hardship. Please call 516-463-5806 for further information.

Are you eligible for a Hofstra employee discount*?

Yes ____ No ____ If yes, please indicate employee's name. _____

Are you eligible for a sibling discount*?

Yes ____ No ____ If yes, please indicate sibling's name. _____

***Available Tuition Discounts** (Please note that **discounts cannot be combined.**)

Early Registration: If payment in full is received by January 10, 2020, a discount of \$45 will be applied to the spring 2020 small group instruction tuition, and a discount of \$55 will be applied to the spring 2020 individual literacy instruction tuition.

Hofstra Employee Discount: Hofstra full-time employees are eligible for a discount of 10% of the spring 2020 tuition; the employee must be the client or the parent/guardian of the client. **The balance must be paid in full by the first day of class.**

Sibling Discount: A discount of 10% of the spring 2020 tuition per child will be applied; **balance must be paid in full by the first day of class.**

Acknowledgment/Signature

I understand that any outstanding balance must be paid according to the specified dates, and that failure to make payment may result in termination of service and my account being sent to collection. I further understand that if I withdraw from the Reading/Writing Learning Clinic before the third scheduled class, a prorated refund will be made; no refunds will be applied on withdrawals after the third scheduled class. The Reading/Writing Learning Clinic charges a \$35 administration fee per program change, including withdrawals.

Parent/Guardian or Client Signature: _____ Date: _____

Credit Card Payment Authorization Form

For your convenience, we accept MASTERCARD and VISA credit cards only as payment for instructional services rendered at the Reading/Writing Learning Clinic.

To process the payment, submit the following information:

Cardholder's Name: _____

Client's Name (if different from cardholder): _____

Card Type (**circle one**): MasterCard or Visa

Card Number: _____ - _____ - _____ - _____

Card Expiration Date: Month/Year _____ Amount: \$ _____

☐ **Please check here if you would like us to use this credit card for your balance.**

Signature: _____ Date: _____

Please return this form with your invoice, statement, or registration in the envelope provided. Thank you.

For payment information, contact 516-463-5806.

Subject Release Permission Form

Spring 2020

I hereby consent to and authorize use and reproductions by Michele Marx and Hofstra University of any and all written materials, audio recordings, photographs, and video recordings that are made of or by _____ while attending the Reading/Writing Learning Clinic, photo-positive or photo-negative, for any purpose whatsoever, including, but not limited to, research projects and presentations thereof, without compensation to me. All negatives, positives, and recordings, together with the prints and written material, shall be deemed, solely and completely, the property of Michele Marx and Hofstra University.

Parent/Guardian Signature: _____

Student: _____
(Please print student's name.)

Date: _____

Parent/Guardian Mailing Address:

Please call 516-463-5805 for further information.