- Private Tutoring/Enrichment
- Barton Reading & Spelling
- Multisensory Learning
- Academic Group Tutoring
- Educational Consulting
- Lifelong Learning Skills
- 504/IEP Consulting

- Do you LOVE to learn?
- Maybe you have an area you want to work on?
- Are you having to homeschool your child and need a little help?

Services and programs available for PreK-12 students, homeschoolers, and families. Choose the strategies and skills you would like to work on.

Call 280-8458 to reserve your time.

Services:
Fees per lesson

60 min. = $50

Extra planning or requested meetings by parents will be charged accordingly.

Beyond the Classroom

Marquette Brink
Certified K-8 Elementary & Special Education
Masters in Elementary Administration
Certified in Focus Program & Safe and Sound Protocol
Over 30 years of experience!
marquette@beyondtheclassroomsd.net

Michelle Lees
Certified K-12 Art Teacher
Masters in science of Reading
Certified Barton Reading and Spelling Tutor
Dyslexia and Reading Science Certified
Over 20 years of experience!
Mmlees2015@gmail.com

Courtney Geigle
ParaProfessional
Certified Barton Reading and Spelling Tutor
Over 5 years of experience!
corlo1121_1989@hotmail.com

Accredited
National Association of Private Schools

Partner UP for Success!

Multisensory Learning...
Learn to Play...
Play to Learn

- Reading Strategies
- Math skills
- Visual processing
- Multisensory learning
- Cognitive enhancement
- Study skills
- Children's Book Club's
- Family Night Events

Tutoring Hours:
Monday-Friday
8:00 - 5:00
Or by appointment

Student Absences: You are paying for a specific time slot that is planned and reserved for you exclusively, you will be charged if you do not notify or make arrangements with the teacher ahead of time. No call no show will be charged the full tutor fee. Please inform the teacher of any sessions that will be missed in a timely manner with at least a 24 hour notice . It will be up to the discretion of the teacher after 3 cancellations to charge for future missed sessions.

Instructor Absences: In the unlikely event the instructor must cancel, we will find a time to do a makeup session.

Tardiness: Due to everybody's tight schedules, if a student comes late, they will be given a short lesson in their allotted time.

Barton Tutoring: This is all year round. We work around the holidays and vacations. It is recommended that there be no more than a 2-week break between sessions.

Annual Scheduling: Our semester term runs from September to Mid-May. The summer session runs June to July.

Holidays and dates of no lessons: The following Holidays there will be NO lessons: Memorial Day, Labor Day, Thanksgiving week, the last two weeks in December and January 1st (coinciding with school vacation), the week of July 4th, the month of August, and the last two weeks of the school year.

Invoicing: Sessions will be invoiced at the end of each month. If you are more than a month behind, services will pause until the account is up to date. Sydney Nieman from Anderson, Nell Associates will be emailing them to you. You have a choice to pay via card (with additional fee) or check.

Have you received a formal diagnosis of dyslexia? If yes, when and where? *Yes* *No*

Have you previously been tutored for dyslexia? If yes, when and where? *Yes* *No*

Tutoring Method: *Online* *In-Person*

I have read and agree to the policies as written:

Student/Parent/Guardian signature_____Date_____

We may take photos or videos of your child in the lesson or in a performance. This allows us to send videos to you at home to practice, share with other students and also use for creation of educational materials and marketing purposes.

You consent to allow your child to be taped and otherwise recorded and agree that Beyond the Classroom may use, and grant others the right to use, your child's voice, name, and filmed/photo for all purposes, in and in connection with educational, marketing, advertising and promotional purposes.

Signature of consent: _____

Student/Parent/Guardian Signature

Emergency Contact and Medical Information Form

Child's Name **Date of Birth** **Sex**

Parent/Guardian Name **Parent/Guardian Name**

Cell # **Work #** **Cell #** **Work #**

Address **Address**

City, State, ZIP **City, State, ZIP**

Email **Email**

Alternative Emergency Contacts

Primary Emergency Contact **Secondary Emergency Contact**

Cell # **Work #** **Cell #** **Work #**

Address **Address**

City, State, ZIP **City, State, ZIP**

Alternative Pick-up/Drop-off Person **Phone #**

Medical Information

Hospital/Clinic Preference

Physician's Name **Phone #**

Insurance Company **Phone #**

Allergies/Special Health Considerations

Medications approved to give your child: Must fill out a permission Medication Sheet

Miscellaneous

__ I give permission to Beyond the Classroom, Inc. to take and use pictures of my child for advertising or educational activities.
__ I give permission for my child to go on field trips and participate in activities.
__ I release Beyond the Classroom, Inc. and individuals from liability in case of accident during activities related to Beyond the Classroom, Inc., as long as normal safety procedures have been taken.

Parent/Guardian Name **Date**

Siblings Name	Age	DOB		Siblings Name	Age	DOB