



Contact Person: Doreen Choi 281-491-7323 or (cell) 832-867-7908

Small group, semi-private tutoring settings!!

*Targeted to improve your child's creative essay writing skills.
For standardized testing and classroom performance!*

Curriculum

Creative techniques are used to involve your child in the writing process. The class will cover six aspects of writing (prewriting, drafting, revising, editing, publishing and assessment). A certified writing teacher will engage your child to his/her fullest potential.

Please call for availability.

SCHEDULE @ Sugar Land Location only

Fridays 5-6 p.m.

Tuition

Minimum \$85 for 4 weeks, payable through end of the month. Only 2 weeks non-payment summer vacation per calendar year is granted. For any missed classes, fees will not be prorated or refunded. Missed class work and assigned homework will be set aside at the store location for pick up.

Teacher / Student Ratio: 1:5

Registration Fee and Materials Fee

A one-time nonrefundable registration fee of \$20 is required for each new student. "New student" registration is required after non-enrollment of 4 weeks or longer. Non-refundable materials fee: \$20 through Dec. 2007 or \$30 through May 2008.



CRYSTAL
Children & Teacher Supply

SAT WRITING

Registration Form

Contact Person: Doreen Choi 281-491-7323 or (cell) 832-867-7908

Date: _____ Student's Name: _____ Grade: _____

School: _____ School District: _____

Home Address: _____

Parent's Name: _____ Signature: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Parent's E-mail Address: _____

Emergency Contact: _____ (Cell) _____

How did you hear about CRYSTAL's Learning Program?

Payment:

- Payment through end of the month, _____ to _____, min. @\$85/4 weeks. Total \$ _____
- One-time enrollment fee \$20, for new students only (Non-refundable)
- Materials fee: \$20 through Dec. 2007 or \$30 through May 2008. (Non-refundable)

Total payment \$ _____ (Cash _____ or Check # _____)

Registered Class: Grade _____ Class Date/Time: _____ Period: _____ to _____

Payment Policy:

We accept Cash, Checks or Visa/MasterCard. All credit card information will be saved for automatic monthly payments for the 4-week payment cycle.

Check payments: Write postdated checks for each 4-week payment cycle through the end of the semester (12/31/07 or 5/31/08). Each check should be dated for the beginning date of each 4-week payment period.

Cash payments: Payments should be given to cashier in an envelope with student's name and class info. Send requests for additional receipts to customer@eteachersupply.com.

Credit Card Authorization

I _____ (name on card) give CRYSTAL Children & Teacher Supply permission to charge my credit card for \$ _____ (amount to be charged) for each month. I understand that these charges will be made a week in advance on a monthly basis. The amount billed monthly will be \$ _____ for 4-week months and \$ _____ for 5-weeks.

Name on card: _____ (Phone) _____

Type of card (circle one): Visa / MC CID (last 3 digits on back of card) _____

Account number: _____ Expiration date: _____

Signature: _____ Date signed: _____

This authorization will stay in effect as long as Writing Engagement services are being provided by CRYSTAL Children & Teacher Supply and its instructors. There is no expiration date to this credit card authorization until customer named as the authorizing party provides verbal or written notice to CRYSTAL Children & Teacher Supply that services are to be discontinued.



Emergency & Waiver Form

Emergency Information

In case of an emergency, and in the event I cannot be reached by phone, I authorize a CRYSTAL Children & Teacher Supply representative to take immediate steps for emergency treatment for my child. Neither the instructor nor the CRYSTAL Children & Teacher Supply staff will be held liable for any medical fees. In the event of any emergency (illness or accident), the following individuals may be contacted:

Parent/Guardian's Name	Home Phone	Cell Phone
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Alternate Person's Name	Home Phone	Cell Phone
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Doctor's Name: _____ Phone: _____

Hospital: _____ Phone: _____

List medicines your child is allergic to: _____

Waiver of Liability

I, the undersigned, will not hold instructors or CRYSTAL Children & Teacher Supply staff liable for injuries sustained by my child while on the premises of CRYSTAL Children & Teacher Supply.

Pick Up Responsibility

I understand that I am responsible for picking up my child no later than the dismissal time. In the case that I run late, there will be a \$5 late pick up fee for the first 10 minutes, and \$3 for every 5 minutes thereafter.

Parent's Signature: _____ Date: _____

Cancellation/Change Policy

A full refund minus a \$20 service fee is given only if cancellation request is received 2 weeks prior to class start time. If a child is sick and is unable to fulfill the enrollment, a doctor's note is required for a full refund minus \$20 service fee to be given. Switching class time is permitted only upon space availability. There will be a \$20 service fee assessed for any change.