

Kosasa Academy Multisensory Learning Center Tutorial Agreement

Date: ___/___/_____

Student Information

Student

First Name: _____ Last Name: _____

Current School: _____ Grade: _____

Subjects: _____

Tutoring Goals: _____

Allergies/Medications: _____

Parent/Guardian

First Name: _____ Last Name: _____

Phone: _____ mobile home work

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

First Name: _____ Last Name: _____

Phone: _____

Additional Information:

Financial Breakdown

On Time Registration Fee: \$30.00

Package Options (Please choose one):

- | | |
|--|---|
| <input type="checkbox"/> Standard Rate (\$80/hr) | <input type="checkbox"/> Set Schedule Discount Rate (\$65/hr) |
| <input type="checkbox"/> Director's Rate (\$95/hr) | <input type="checkbox"/> Sibling Package Rate (\$97.50/hr) |
| <input type="checkbox"/> Designated Tutor Rate (\$90/hr) | <input type="checkbox"/> Group Rate (\$32.50/hr) |
| <input type="checkbox"/> Rescue Mission (\$75/hr) | <input type="checkbox"/> Homework Support (\$32.50/hr) |
| <input type="checkbox"/> Standard Package Rate (\$70/hr) | <input type="checkbox"/> Homework Club (\$15/hr) |

Sessions are billed in advance in packages of 12 hours unless an exception is made. State of Hawaii excise tax (4.712%) is applied to all invoices.

Testing Fee: \$ _____ (if applicable)

Tuition Policies

Please initial next to each term

- All sessions must be prepaid.
- Email notice will be given when your account balance reaches 2 hours that the credit card on file will be charged for your next package. Please inform the office if your student will not be continuing.
- Notify Kosasa Academy as soon as possible in case of cancellation.
- 48 hour re-schedule policy (all plans **except** Set Schedule Discount Rate and Sibling Package Rate): **Call us at least 48 hours in advance to re-schedule at no charge.**
- No re-schedules for: Set Schedule Discount Rate plan, Sibling Package Rate plan
- Sessions must be pre-scheduled: Set Schedule Discount Rate plan, Sibling Package Rate plan
- A \$25 service fee plus bank charges for returned checks.
- Tuition includes quarterly **free** 20-minute parent consultation with Mrs. Kosasa or her designee.
- Tuition is non-refundable and may be forfeited after 12 months of inactivity.

Scheduling:

To **schedule** a session or to **make a change to a session more than 24 hours in advance**, please contact Mr. Wagner, text preferred, at (808) 888-9520 or email KosasaAcademy.JW@gmail.com.

To make a change to a session **less than 24 hours in advance**, contact Patricia Kosasa, at (808) 258-3951 or email KosasaAcademy@gmail.com. **Phone or text last minute cancellations.**

TERMS OF ACCEPTANCE and SIGNATURE

I, the [applicant, requestor, etc.] for this form, warrant the truthfulness of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature

Parent name: _____

Parent Signature: _____

Date: _____

Kosasa Academy Multisensory Learning Center

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard 000 VISA Discover AMEX Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ Security CVC: _____

City: _____ State: _____ ZIP Code: _____

I, _____, authorize GAP Services, DBA Kosasa Academy to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

TERMS OF ACCEPTANCE and SIGNATURE

I, the [applicant, requestor, etc.] for this form, warrant the truthfulness of the information provided in this authorization form.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature

Customer Signature: _____ Date: _____

Kosasa Academy Multisensory Learning Center

Student Photo & Video Release

I hereby give permission to GAP Services LLC DBA Kosasa Academy and its director, employees, and subcontractors to take photos and videos of my child:

First Name: _____ Last Name: _____

These images may be used for (please initial):

- Tutor supervision & training
- Internal documentation
- Student projects
- Promotional material
- Internet Promotions

My child's name may also be included

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I, the [applicant, requestor, etc.] for this form, warrant the truthfulness of the information provided in this release form.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature

Parent Signature: _____ Date: _____

Print Name: _____