

LANSDOWNE _centre de tutorat _tutoring centre

www.thelansdownecentre.org

5325 Snowdon Avenue
Montreal, Qc. 3X1Y3
514.487.6516 ☎ 514.487.0909 fax

203 Hymus Boulevard, suite 200
Pointe-Claire, Qc. H9R 1E9
514.697.4133 ☎ 514.697.4580 fax

2009-2010

Dear Parents and Students,

It is our 37th year! We would like to wish a warm welcome to all of our students, and we look forward to seeing you all this fall.

There is an annual registration fee of \$85 **per family** that is payable at the first lesson. Our tutoring fees are \$55 per hour at the Pointe-Claire branch and \$60 pr hour at the Snowdon branch. As always, payments can be made by cash, cheque, credit card, and interac.

Payment at each lesson is mandatory. We are a non-profit organization, and have sizable overhead. Our day-to-day expenses depend on your prompt payment. We ask that you provide us a credit card number that we will keep on file as a guarantee. This card will only be charged in the event that your account is not up-to-date at the end of the month.

If it is necessary to cancel a lesson, please advise your tutor **24 hours in advance**. Lessons cancelled at the last minute will be billed, unless other arrangements can be made with the tutor.

We encourage you to contact your tutor directly with any questions or comments. You may also contact the administrative committee directly at any time during the year at this address: <http://www.thelansdownecentre.org/comments>. We welcome all of your comments, be they praise or complaints.

We hope that you have a happy and successful school year!

*_de l'extra pour des résultats extras!
_when your child needs more!*

SNOWDON BRANCH:
WEST ISLAND BRANCH:

CODE:	_____
Starting Date:	_____
Registration Fee:	_____ <input type="checkbox"/> paid
Assigned Teacher:	_____

Has your child ever attended Lansdowne before? NO YES When? _____

Why did you choose Lansdowne? _____

STUDENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
ADDRESS		MEDICARE NUMBER (important)
CITY	POSTAL CODE	HOME TELEPHONE
SCHOOL	TEACHER	GRADE

Should the need arise, do we have permission to contact the teacher? NO YES

Date of last evaluation: _____ By Whom: _____

PARENTS/GARDIANS

FATHER'S NAME	WORK TEL.	MOBILE PHONE
MOTHER'S NAME	WORK TEL.	MOBILE PHONE

PERSON RESPONSIBLE FOR FEES

NAME	PRIMARY EMAIL
ADDRESS (if different from above)	CITY POSTAL CODE
EMAIL ADDRESS	

- I/We the parent(s)/guardian(s) of _____ understand The Lansdowne Centre is not responsible for his/her transportation to and from The Lansdowne Centre (203 Hymus, suite 200, Pointe Claire.)
- I/We, the undersigned, agree that The Lansdowne Centre will not be liable in case of any accident.
- I/We, the undersigned, authorize communication of information pertaining to the above-mentioned child with appropriate professionals.
- I/We, the undersigned, understand that TUTORING FEES are due at each lesson.
- IF LANSDOWNE HAS TO USE A COLLECTION AGENCY, ALL COLLECTION FEES WILL BE AT THE EXPENSE OF THE UNDERSIGNED.

SIGNATURE

DATE