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2-a-day – Registration Form – Fall 2016

Student Name: _____ Age (Fall 2016) _____

Parent(s) Name(s): _____ Phone Number: _____

Email address: _____

A.C.E. Policies and Procedures:

- Students receive 1:1 individual RPM instruction.
- Students receive one 40 minute session and one 25 minute session.
- Cost of sessions:
 - \$165 which include two sessions
 - A *non-transferable and non-refundable* half – deposit is required to secure spots.
- I understand if I cancel less than 24 hours before my session and A.C.E. Staff are unable to fill the spot, I will be responsible for the full session amount.
- Arriving 5 minutes before each scheduled session is highly recommended as sessions are booked back to back and may not be switched or rescheduled due to late arrival. The timer starts at your designated time; if you are late you will receive only the time that remains.
- Personal videotaping is not permitted.
- Copies of DVD material may be obtained from A.C.E. Staff but many *not be shared or duplicated without expressed written permission.*
- Parents and/or primary caregivers are required to attend. Families are encouraged to invite therapists, teachers, or others involved in the student’s life to observe for a one time professional observation fee of \$50 per person.
 - Professionals are welcome to observe other students as well.
 - Professional observers are required to submit a contact form, preferably 2 weeks prior. Contact form can be obtained via email from A.C.E. staff.
- Please be advised that A.C.E. Teaching & Consulting does not handle any aspect of insurance claims or billing, this is the sole responsibility of the client. All fees are the sole responsibility of the client and are due at the time of service.
- A.C.E. Teaching & Consulting requires a half deposit which is *non-transferable and non-refundable* to secure future sessions, which they collect for each trimester. After the deposit is collected and processed it will be divided and applied to each subsequent session. For example, if you have four sessions during the trimester your total would be \$440 which would require a \$220 deposit. \$55 would then be applied to each of the subsequent sessions.

Please sign below after you have read and agreed to the listed policies and procedures:

Parent or Guardian Signature: _____

A.C.E. Teaching and Consulting

(Fall 2016 Registration form continued)

Student Name: _____

Please answer the following questions (please note we will do our best to accommodate your preferences):

Available dates for 2 – a – day sessions:

	September	October	November	December
Thursday's	29 th	6 th , 13 th , 27 th	3 rd	1 st , 8 th , 15 th
Friday's	30 th	7 th , 14 th , 28 th	4 th , 18 th	2 nd , 9 th , 16 th

Available student session times:

A.C.E will assign a student session time based on availability. If there is a special circumstance you would like A.C.E. to know about please email or call with details.

Thursday	Friday
Student 1: 1-1:45 and 3:30-4	Student 1: 1-1:45 and 3:30-4
Student 2: 1:45-2:30 and 4-4:30	Student 2: 1:45-2:30 and 4-4:30
Student 3: 2:30-3:15 and 4:30-5	Student 3: 2:30-3:15 and 4:30-5

Please indicate your first and second choices:

Directions: Please list all of the session dates you wish to have for each month and then select alternative choices. For example, if you wish to have two Friday appointments each month list both of those dates under 1st choice and then select two alternative dates under 2nd choice. If you wish to attend sessions less than once per month please fill in a 1st and 2nd Choice for dates for the corresponding month(s) you would like to attend.

	1 st Choice(s)	2 nd Choice(s)
September		
October		
November		
December		

Parent or Guardian Signature: _____

Please note once the schedule is completed A.C.E. staff will contact you to confirm appointments and collect the half – deposit.