

CVCS Academic Assistance Program

Course title	CVCS Academic Assistance Program
Room #	233
Teacher	Mrs. Johnson (formerly a CVCS third grade teacher)
Participation Fee	Option 1: \$100 a month – 1 hour on Tuesdays & Thursdays Option 2: \$100 a month – 2 hours on Tuesdays or Thursdays Option 3: \$180 a month – 2 hours on Tuesdays & Thursdays

Description: CVCS offers students the opportunity to attend a fee-based academic program on campus after school. Students will be able to work on homework in a structured, positive, and encouraging environment with a certified teacher. This program will promote better grades for students and peaceful evenings for parents.

- The Academic Assistance Program (AAP) will be held Tuesdays and Thursdays from 3:00 pm-5:00 pm.
- The fee will be due at the beginning of each month.

The Concept: Students may enroll on a monthly basis. The AAP will be taught by Mrs. Johnson, a certified teacher. She will strive to provide individualized attention to each student.

How to Register:

- Payment for the month student is starting is due with the registration form.
- Complete the registration form attached with payment and return to the business office. Make checks payable to CVCS.
- Extra registration forms are available in the business office.

Refund policy:

- A refund will be granted if notice is provided to Mrs. Johnson within five (5) working days, starting from the beginning of each month. Refunds will not be granted for sessions that have been attended within the (5) working days.
- If notice is not provided within the allotted time frame, no refund will be granted. Additionally, no refund(s) or make-up sessions will be granted for missing individual sessions.
- Refunds will not be refunded without an Academic Assistance Refund Form available in the CVCS business office.

Pick-up:

Parents may pick up children at the designated classroom the homework club is meeting in at 5:00 pm (T/TH). Each child whose parents are not at the classroom at the designated pick-up time (5:00 pm) will be signed into Extended Day Care. Students will not be released into the parking lot.

Contact Andrea Johnson at 949-429-6353 or email ajohnson@cvcs.org for more information.

CVCS Academic Assistance Program Registration Form

Parent Name: _____
Last First

Parent Name: _____
Last First

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Address: _____

Fill out the form below

Student Name	Grade	Teacher (if applicable)	Days	One or two hours	Monthly Fee

Contact Andrea Johnson at 949-429-6353 or email ajohnson@cvcs.org for more information.

 Parent signature Date