

Imagine Possibility, LLC
 1 Research Court, Suite 335, Rockville, Maryland 20850
 301-330-8251 Office ~ 301-519-2187 Fax
 email: info@iptutoring.com
**Serving Clients in Maryland, Virginia and Washington,
 DC since 1992**
 Tax ID # 81-2389261

Scope of Services, Fees, and Policies for Digital Summer 2020

Session One – June 22, 2020 – July 3, 2020	\$1950
Session Two – July 13, 2020 – July 24, 2020	\$1950
Session Three – July 27, 2020 – August 7, 2020	\$1950
Imagine Possibility, LLC also provides individualized academic and speech language therapy at regular rates.	

Policies and Procedures

Confidential Information:

Imagine Possibility, LLC takes security, safety and privacy of all clients seriously.

IP shall ensure that all individuals comply with the applicable provisions of the Health Insurance Portability and Protection Act (HIPPA) in completing duties under this agreement.

Allergies/Medical Conditions:

It is imperative for the safety of each client that we be made aware of any allergies or medical conditions. There is space on the Emergency Contact form to record allergy information. Please include anything else we should be made aware of regarding the client.

Cancellations and Tardiness for Online Sessions:

If the Client is unavailable for a scheduled camp session, rescheduling will not be possible.

If a Client is 13 years old or younger, a parent must be present at the beginning of the session and agree to stay onsite, but not necessarily in the same room, through the duration of the session.

Client agrees to provide the recommended online teleconferencing application, associated hardware and other learning supplies at their own expense.

Payment Options:

Cash, personal check, bank check, and credit/debit cards are all accepted.
 Payment can be by U.S. mail (34 Hollyberry Court, Rockville, MD 20852) or

Student Name: _____ **DOB:** _____

Grade Fall 2020: _____

Primary Contact Information:

(Please Print)

Name (1) _____

Email Address (1) _____

Mailing Address _____

Cell Phone (1) _____ Home Phone (1) _____

Name (2) _____

Email Address (2) _____

Mailing Address _____

(if different than above)

Cell Phone (2) _____ Home Phone (2) _____

Emergency Contact Information: (if primary contacts above are unavailable)

Name _____ Relationship to Student _____

Cell Phone _____ Other phone _____

Allergies or Medical Conditions: YES or NO (circle one)

List Here: