



Gulf Coast Education Solutions

Specialized Services for Exceptional Learners!

228-357-5671
15489 Dedeaux Rd.
Gulfport, MS 39503
www.gulfcoastedsolutions.com

Dyslexia Therapy Enrollment Terms:

The following form **must** be completed and returned for a class space to be reserved.

THERAPY FEE MUST BE PAID BY EITHER CREDIT/DEBIT CARD OR BANK DRAFT.

YOUR AUTHORIZATION IS MANDATORY FOR ENROLLMENT.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS:

Date: ____/____/____ Center Location: _____ Therapist: _____ MRA (Yes or No)

Account Holder's Name: _____ Phone: (____) - ____ - _____

Parent Name (If different from account holder): _____ Students Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Students School: _____

****Payments will be processed on the first Monday of each month.**

Preferred Method of Payment:

Bank Draft:

Credit/Debit Card Draft:

Bank Name: _____

Name on Card: _____

Routing Number: _____

Card Type: _____

Account Number: _____

Card Number: _____

Bank Account Type: _____ Checking _____ Savings

Card Expiration: ____/____

NOTE: Please return the completed copy of this authorization form with a voided check, a copy of your savings account card, or a deposit slip with printed account number on it.

Card CVC: _____

Authorization Terms and Conditions: By returning the completed Authorization Enrollment Form to Gulf Coast Education Solutions, you authorize the facility to automatically debit your checking, savings, or credit/debit card account on approximately the first Monday of every month. This authorization applies to the account shown on the enclosed check, savings slip or card number and to any future account you may designate by updating your information. Gulf Coast Education Solutions has the right to terminate this payment option at any time. If the draft is returned, you will be required to pay the amount of the bank transaction plus a return fee of \$35.00 in cash or check. All charges, terms and conditions are subject to change. You understand and agree that Gulf Coast Education Solutions is not liable for any erroneous bills or incorrect debits to your account, nor are we responsible for any bank fees as a result of this program. Gulf Coast Education Solutions reserves the right to terminate option if bank returns your payment. If your payment is returned three times, you must pay the total tuition amount due at that time in order to continue services.

Signature: _____

Date: ____/____/____

*****PLEASE ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP IF USING BANK DRAFT FOR PAYMENTS*****

TERMS OF SERVICE AGREEMENT

In accordance with Mississippi law, GCES provides an appropriate specialized dyslexia instructional program that is delivered by a Mississippi Department of Education licensed dyslexia therapist which is scientific, research-based, Orton-Gillingham based, and includes: phonemic awareness, alphabetic phonics, oral language, handwriting, grammar, fluency, and comprehension. These components shall be taught using instructional approaches that include explicit, direct instruction, which is systematic, sequential and cumulative.

In order to effectively master the strategies that help a dyslexic reader, it is necessary for students to complete the full program (approximately 2 h years).

Fees

Payment option # Session fee: \$ session. Supply fee: \$50 for each year of service. Monthly payments will be automatically drafted from debit, checking or savings account. Drafting will take place on the 1st and 15th of each month. You may choose to make one payment or have your payment split into two drafts.

Attendance

To receive the most benefit from this therapy, it is essential that your child attend each session. We ask that you please give this commitment a place of priority in your scheduling. We will provide breaks for holidays and summer. Because your session is scheduled specifically for you and cannot be replaced on a daily basis, unscheduled absences will be billed to your account.

Agreement

The therapists at GCES are committed to provide an intensive therapeutic setting for your child for the specified length of the dyslexia therapy program. This agreement is established to ensure that the highest quality of therapy is maintained through the entire program.

Please read each commitment below and initial next each one as acknowledgment of your agreement.

I understand that my student must attend each session, and I am responsible for payment for missed sessions.	
I understand that my student must arrive on time for each therapy session and be picked up at the agreed time.	
I understand that my student may not be left unattended prior to the therapy session.	
I understand that my student will be entering into a therapeutic environment, which means no food or toys will be allowed in the therapy room.	
I understand that my student may be placed in a group of four or less students, unless a specific request is made for one-on-one therapy (increased rates apply).	
I understand that my student will not be released from the center unless the parent/guardian/ authorized adult is physically present. For safety, students will not be released into the parking lot.	

I hereby acknowledge that I have read and agree to the above Terms of Service.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Dyslexia Therapy Payment Plans 2019-2020

Our Dyslexia therapy program is Neuhaus Educational Center's Basic Language Skills@. This complete program consists of 3 levels (169 Concepts/375 sessions). Sessions can range from 50-60 minutes each and should be completed in approximately 3 years if consistent attendance is maintained. The cost of the complete program in a group setting is \$11,250.00. The cost for one-on-one therapy is \$16,875.00.

Option 1: Monthly

Payment includes 4 therapy sessions per week at \$30/session for group therapy: \$45/session for one-on-one therapy. If choosing this option, a credit card must be kept on file with our office. If payment is not received within 5 days of the due date, your card will be charged, and any credit card processing fees will be applied (typically 4%). If for any reason, your card on-file returns invalid, you will be charged an additional processing fee of \$15.00.

You will not be charged for sessions that are canceled by GCES, however, if a student misses a session, the charges will still apply. Credit will be given for 4 weeks of scheduled holidays by GCES and 1 week chosen by the parent.

One-on-One	Group
\$180/week (3-day \$135)	\$120/week a-day \$90)
\$720/month; \$900/5-wk month	\$480/month; \$600/5-wk month
3-day \$540/5-wk \$675	3-day \$360/5-wk \$450

Option 2: Complete Payment or Financing

Choosing this option will provide you with a 25% discount one free session per week. This can be paid in one lump sum or personal loans/lines of credit can be used. This will be paid when the student begins therapy sessions.

One-on-One	Group
\$12,656.25 (\$135/week)	\$8,437.50 (\$90/week)

Option 3: Annually

Annual charges will be split up by Book 1, Book 2, and Book 3. Choosing this option will provide you with a 20% discount. This can be paid in one lump sum or personal loans/ lines of credit can be used. This will be paid when the student begins therapy sessions.

	One-on-one	Group
Book 1 (144 Sessions)	\$5,184	\$3,456
Book 2 (151 Sessions)	\$5,436	\$3,624
Book 3 (87 Sessions)	\$3,132	\$2,088

Refund Policy: Should you choose to discontinue therapy; you may do so up to Concept #20 (Approximately 7 weeks) and receive a refund of your remaining balance. Cancellations after Concept #25 may not be refunded. The position in the therapy group will be non-replaceable and therefore non-refundable. In cases of emergency, you will be back-charged the original amount (without discount), and the difference will be deducted from your refund.

Option 4: Combined Speech-Language Therapy

This option allows parents to use insurance to cover phonological processing or oral language therapy with a licensed speech-language pathologist one day per week and then receive the dyslexia therapy program the remaining 3 days per week. The remaining portions of bill will be paid using option 1.

Parents will be responsible for any co-pays required by your individual insurance company.

** This option will cause the therapy program to take longer to complete.

One-on-one	Group
\$9,375 (\$25/session)	\$5,625 (\$15/session)