

Reading Intervention

Summer 2018 READING INTERVENTION PROGRAM REGISTRATION

Student Name:		Age:	Date of Birth: / /
Current School:		Grade Fall 2018:	
Parent(s) Name:			
Address:			
City:	State:	Zip:	
Phone – Home:	Cell:	Email:	
How did you hear about us? _____			

Please Check All That Apply:

- | | |
|--|--|
| <input type="checkbox"/> I am enclosing previous evaluations.
applicant: | <input type="checkbox"/> I am unable to provide previous evaluations. |
| <input type="checkbox"/> has a diagnosis of dyslexia | <input type="checkbox"/> reads haltingly, lacking fluency and speed |
| <input type="checkbox"/> reads the words accurately but does
not understand what he/she reads | <input type="checkbox"/> has never grasped initial reading skills
and has difficulty decoding words |
| <input type="checkbox"/> exhibits significant reading difficulties, despite years of instruction | |

Additional notes:

Payment Information:

TOTAL FEES: \$7,596.00 – 96 sessions of Reading Intervention at \$76.00 per session including \$300 assessment fee
a one-time \$600.00 non-refundable deposit is due with this registration form. Please make checks payable to: Tampa Day School

- ☐ \$600.00 Deposit Enclosed; Remaining balance \$6,996.00 due June 4, 2018
- ☐ I understand that this deposit is non-refundable.
- ☐ Check: ck # _____ Check Amount \$ _____
- ☐ Please charge my deposit to my credit card; information below.

Please charge to my credit card: ☐ Visa ☐ MasterCard ☐ Discover Charge Amount \$ _____

Card # _____ Expiration Date: _____ CSC# _____ (back of card)

Name as it appears on card (please print)

Signature

Date

Please return deposit and registration form to: **Learning Solutions Tampa Day School; 12606 Henderson Road; Tampa, FL 33625**