

# Reading Intervention

12606 Henderson Road / Tampa, Florida  
33625 / 813.269.2100, ext. 103

[www.TampaDaySchool.com](http://www.TampaDaySchool.com)

## Summer 2019 READING INTERVENTION PROGRAM REGISTRATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: / /

Current School: \_\_\_\_\_ Grade Fall 2019: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Please Check All That Apply:

- I am enclosing previous evaluations. applicant:  I am unable to provide previous evaluations.
- has a diagnosis of dyslexia  reads haltingly, lacking fluency and speed
- reads the words accurately but does not understand what he/she reads  has never grasped initial reading skills and has difficulty decoding words
- 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 \$800.00 non-refundable deposit is due with this registration form. Please make checks payable to: Tampa Day School

\$800.00 Deposit Enclosed; Remaining balance \$6,796.00 due June 3, 2019

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**