

Reading Intervention

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

Summer 2026 READING INTERVENTION PROGRAM REGISTRATION

Student Name: _____ Age: _____ Date of Birth: / /

Current School: _____ Grade Fall 2026: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Cell: _____ Email: _____

How did you hear about us? _____ Has student been retained? _____ Grade retained? _____

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: \$7,980.00 - 96 sessions of reading Intervention at \$78.00 per session including a \$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 is enclosed**: Balance due in the amount of \$7,180.00 on or before June 1, 2026

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 _____