

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	

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