

READING SKILLS PROGRAM

Today's Date:		School Name:	
STUDENT INFORMATION			
Child's First and Last Name:			
Child's Age:	Current grade		
Reading assessment level			
Notes:			
PARENT/GUARDIAN INFORMATION			
Parent/Guardian First and Last Name:			
Street Address:		City:	State: Zip Code
Primary Phone Number:		Secondary Number:	
Email Address:			
CLASS SCHEDULE			
PLEASE GO THE WEBSITE WWW.READINGPROGRAMS.ORG AND CHOOSE 2 OPTIONS			
<u>JUST IN CASE YOUR FIRST CHOICE IS FULL</u>			
CHOOSE THE SCHEDULE FOR THE GRADE YOUR CHILD HAS BEEN ASSESSED AT			
CHOICE #1			
Dates:		Time:	
CHOICE #2			
Dates:		Time:	

***Registration for this event is time sensitive. Space is limited.**