



Pre-K & Kindergarten CLASS

Classroom Language and Academic Student Services

Summer, August 18-22, 2014 12:00pm-2:00pm

The BWF will not have any regularly scheduled sessions the week of August 18-22. Instead, we encourage you to register your child for our CLASS Program. Pre-K & Kindergarten CLASS will focus on skills required for entry into school. They will work on beginning reading, math, and writing. They will learn to move through learning centers. Additionally, they will be presented with the language and routines used in most classrooms. The cost of CLASS is \$225 for the full week (5 days). Registration is for all 5 days. No partial week registrations will be accepted.

Child's Name: _____ Age: _____

While your child is in CLASS, we encourage you to attend a FREE Mini-Workshop aimed for your child's age range specifically. These Mini-Workshops will be from 12:30-1:30pm. Please plan to attend.

- Monday 8/18: Promoting a Home Learning Environment for Preschoolers and Kindergarteners
- Tuesday 8/19: Skills Fundamental for the First Years of School
- Wednesday 8/20: Using Visual Strategies to Promote Independence for Preschoolers and Kindergarteners
- Thursday 8/21: Play Skills and Early Peer Interactions for Preschoolers and Kindergarteners
- Friday 8/22: Promoting Self-Help Skills during the First Years of School

Payment Information: Check Cash Credit Card

Name on Card: _____

Credit Card Number: _____ CVC Code: _____

Billing Zip Code: _____ Phone Number: _____

Email Address: _____

Amount to be charged: _____ Signature: _____

****PLEASE NOTE: BWF grants and 3rd party grants may NOT be used to pay for CLASS.**

Emergency Contact and Medical Information for a Child

*Additional information about your child may be requested if necessary.

Child's Name		Date of Birth	M F Sex
Parent's/Guardian's Name () ()		Parent's/Guardian's Name () ()	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact () ()		Secondary Emergency Contact () ()	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

In the event of a medical emergency, I give my permission for the staff at the Brent Woodall Foundation to perform first aid and/or CPR on my child.

Parent's/Guardian's Signature _____ Date _____