



# Early Elementary CLASS

**Classroom Language and Academic Summer Services**

**August 17-21' 2015 3:00-5:00pm**

The Early Elementary CLASS costs \$250 for the week and will concentrate on learning independence in a classroom. The children will learn to practice reading, math, and writing within workstations as well as group learning and activities. While this is a group learning environment, students will be provided with as much support as needed for them to be successful.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Payment Information:       Check       Cash       Credit Card\*

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_

\* a 3% fee will be added to all credit card transactions

## Emergency Contact and Medical Information for a Child

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

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

## Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
( )	( )
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Work Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

## Medical Information

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Hospital/Clinic Preference

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<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

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Allergies/Special Health Considerations

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

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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