



# Pre-K & Kindergarten CLASS

**Classroom Language and Academic Summer Services**

**August 17-21' 2015 1:00- 3:00pm**

Pre-K & Kindergarten CLASS costs \$250 for the week and 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. 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/> <b>Child's Name</b>	<hr/> <b>Date of Birth</b>		M	F
			Sex	
<hr/> <b>Parent's/Guardian's Name</b>	<hr/> <b>Parent's/Guardian's Name</b>			
( )	( )	( )	( )	
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	
<hr/> <b>Address</b>	<hr/> <b>Address</b>			
<hr/> <b>City, ST ZIP Code</b>	<hr/> <b>City, ST ZIP Code</b>			

## Alternative Emergency Contacts

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

## Medical Information

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**Hospital/Clinic Preference**

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

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