



Toddler CLASS

Classroom Language and Academic Summer Services

August 17-21' 2015 10:00am-12:00pm

The Toddler CLASS costs \$250 for the week and will emphasize the language and social skills necessary for group learning. The children will be presented with pre-reading, pre-math, and pre-writing activities. They will work on turn taking, cooperative play, and basic language skills. 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/> Child's Name | <hr/> Date of Birth | | M | F |
| | | | Sex | |
| <hr/> Parent's/Guardian's Name | <hr/> Parent's/Guardian's Name | | | |
| () | () | () | () | |
| <hr/> Home Phone | <hr/> Work Phone | <hr/> Home Phone | <hr/> Work Phone | |
| <hr/> Address | <hr/> Address | | | |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code | | | |

Alternative Emergency Contacts

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

Medical Information

Hospital/Clinic Preference

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

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.

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|--|-------------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
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