



Toddler CLASS

Classroom Language and Academic Student Services
Summer 2014, August 18-22, 2014 9:00am-11:00am

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. The Toddler CLASS will emphasize the language and social skills required for group learning. They will be presented with pre-reading, pre-math, and pre-writing activities. They will work on turn taking, cooperative play, and basic language skills. 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 9:30-10:30am. Please plan to attend.

- Monday 8/18: Strategies for Teaching Your Toddler at Home
- Tuesday 8/19: Fundamental Skills Your Toddler Should Learn at Home
- Wednesday 8/20: Organizing Your Toddler's Day: Visual Strategies for the Early Years
- Thursday 8/21: Promoting Basic Play Skills for Your Toddler
- Friday 8/22: Teaching Your Toddler Basic Self-Help Skills at Home

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
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