

Rev Up Your Reading VII



A four-week academic intervention
July 5 – July 29, 2011

Application for Admission

GENERAL INFORMATION:

Student Name: _____ **Age:** _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **City/State/Zip** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Parent/Guardian Name: _____ **Email:** _____

Address (if different from above): _____ **City/State/Zip** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

STUDENT INFORMATION:

School: _____ **Grade completed** (by 6/10): _____

What services does the student receive at school? _____

Reasons for interest in this program: _____

How did you hear about us? _____

Does student receive Orton-Gillingham tutoring? If so, by whom: _____

(If student is currently being tutored, please discuss summer school with tutor prior to enrollment.)

Any condition the program should be aware of? _____

Medication Policy: Students taking medication during the school year must continue medication during summer program.

Students will have average or better intelligence and have no behaviors that would prevent learning in small groups.

Reading/spelling assessment is required for enrollment. Appointment will be scheduled in May. Assessment time 30–50 minutes. Assessment fee will be applied to tuition when student enrolls. Assessment fee will be refunded only if the Blosser Center determines that student would not benefit from program.

TUITION: Please choose from the following summer school options:

- Tuition for tutoring and small group math is \$700
- Tuition for expository writing is \$300
- Tuition for both is \$1000

Please make checks payable to: ***The Blosser Center***. An evaluation fee of \$100 is due with the application and acts as the deposit. Upon admission to the program, the fee is applied toward tuition. Balance is due by July 1. We accept credit cards through PayPal (call the office for information).

ENROLLMENT PROCESS:

Return this completed application form and deposit to the address below. Upon receipt, you will receive confirmation of your child’s space. If your child is waitlisted, and a space does not open up, your deposit will be returned in full.

A screening assessment will be scheduled in May. The assessment will determine the appropriateness of the program for your child and will provide necessary information regarding skills the student has mastered. If the student will benefit from our program, the student will be enrolled. An enrollment form will be sent to you and tuition will be due according to the payment schedule you selected above. (If testing shows that your child will not benefit from our program your deposit and any tuition paid will be returned. Withdrawal for any other reason after the evaluation results in the forfeit of deposit.)

Parent Orientation meeting to introduce our program and meet the staff is scheduled for July 7, 2011 7pm at The Blosser Center. All parents are encouraged to attend.

School starts July 5th at the Blosser Center inside the Rose City Park Presbyterian Church

Questions?

The Blosser Center: 503-234-4060 (info@theblossercenter.org)

Mail application and deposit to:

The Blosser Center for Dyslexia Resources
Mail: 6327-C SW Capitol Hwy – PMB 159
Portland, OR 97239

Parent Signature: _____ Date: _____

The Blosser Center welcomes all children who will benefit from our program, regardless of race, gender, religion, ability, family background, and family composition.
