

SLINGERLAND SUMMER SCHOOL REGISTRATION FORM

Class Fee: \$595 per student

Class Dates: Monday, August 10 - Friday, August 28

9-12 daily, Monday -Friday

Child's Name _____ School Grade (**next year**) _____ Age _____ Birth Date _____

School Attending _____ Teacher _____ Gender M F

Parent or Guardian's Name(s) _____

Parent email: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact (name) _____ (phone) _____

Who has your permission to pick up your child: _____

Are you interested in after school care during the summer school in case spots are available? _____

SCHOOL INFORMATION: The following information would be very helpful if your student does not attend OLL.

Please check areas of difficulty in school: () Reading () Handwriting () Spelling () Oral Language

Any Identified learning disabilities? _____

Medications we should be aware of: _____

PLEASE INCLUDE TEST RESULTS and MOST RECENT STANDARDIZED TESTING INFORMATION

My child is automatic in: _____ Manuscript _____ Cursive handwriting.

Please indicate the educational services your child is currently receiving:

() Special Education () Resource Room () Speech Therapy () Tutor () Other _____

Previous Slingerland® Multisensory Approach Instruction: When _____ Where _____

How often _____ From Whom _____

To secure a spot, return this registration form with payment as soon as possible.

Our Lady of the Lake Catholic School

3520 NE 89th, Seattle, WA 98115 206 525 9980, ext. 37

Attn. Bonnie Meyer, Director of Student Support Services, bmeyer@ollseattle.org