

Accepting Applications for 2009 Summer Reading Camp



June 8 - July 24, 2009

NO Camp June 29 - July 3

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708
PH: (407) 366-1099
FX: (407) 366-1909

Fast ForWord
INTENSIVE READING REMEDIATION
Bridges Academy:
National Reference Site

Registration Fee until May 15: \$200.00 non-refundable
Registration Fee after May 15: \$300.00 non-refundable
Payment Due In Full On or Before: June 1, 2009

| PROGRAM | DESCRIPTION | COST |
|---|--|-----------|
| Reading - 6 Weeks - <u>Morning Only</u> June 8 - July 24 | Monday - Friday 2 ½ Hour Protocol | \$ 950.00 |
| Reading - 3 Weeks - <u>Morning Only</u> June 8 - June 26 OR July 6 - July 24 | Monday - Friday 2 ½ Hour Protocol | \$ 550.00 |
| Enrichment - 6 Weeks - <u>Afternoon Only</u> June 8 - July 24 | Monday - Friday 1pm - 4pm | \$ 850.00 |
| Enrichment - 3 Weeks - <u>Afternoon Only</u> June 8 - June 26 OR July 6 - July 24 | Monday - Friday 1pm - 4pm | \$ 500.00 |
| <u>Combo</u> - 6 Weeks - Reading & Enrichment June 8 - July 24 | Monday - Friday 2 ½ Hour Protocol & 1pm - 4pm | \$1800.00 |
| <u>Combo</u> - 3 Weeks - Reading & Enrichment June 8 - June 26 OR July 6 - July 24 | Monday - Friday 2 ½ Hour Protocol & 1pm - 4pm | \$1050.00 |

SUPPLIES: Water Bottle & Snack are needed on a daily basis.

ACADEMICS

Activities

Program May Include Activities Such As:

- *Fluency Practice (Oral Reading)
- *Learning Breakthrough
- *Eye Tracking Task

Assessments

- *Comprehension
- *Decoding
- *Sight Word
- *Phonological Awareness

ENRICHMENT

Activities

Program May Include Activities Such As:

- *Abakadoodle Art Program
- *Technology
 - Student Interest Based
 - Computer Based Games
- *Gameology
 - Board Games
 - Card Games

Enrollment Information – Please Print

STUDENT INFO

LAST NAME: _____ DATE OF BIRTH: _____
 FIRST NAME: _____ CURRENT GRADE LEVEL: _____
 MIDDLE NAME: _____ PHONE NUMBER: _____
 PERMANENT ADDRESS: _____
 MAILING ADDRESS: _____

PARENT INFO

MOTHER: _____ FATHER: _____
 DL#: _____ DL#: _____
 SS#: _____ SS#: _____
 HOME NUMBER: _____ HOME NUMBER: _____
 EMPLOYER: _____ EMPLOYER: _____
 WORK NUMBER: _____ WORK NUMBER: _____
 CELL NUMBER: _____ CELL NUMBER: _____
 PAGER #: _____ PAGER #: _____

EMERGENCY & PICK UP INFO

CONTACT #1: _____ CONTACT #2: _____
 PHONE NUMBER: _____ PHONE NUMBER: _____
 PHONE NUMBER: _____ PHONE NUMBER: _____
 CONTACT #3: _____ CONTACT #4: _____
 PHONE NUMBER: _____ PHONE NUMBER: _____
 PHONE NUMBER: _____ PHONE NUMBER: _____

DOCTOR INFO

CHILD'S PHYSICIAN: _____ PHONE NUMBER: _____
 MAY SCHOOL CALL ANOTHER DOCTOR IF UNABLE TO CONTACT CHILD'S PHYSICIAN: YES NO
 SPECIAL INSTRUCTIONS (ex: medicine, allergies): _____

INSURANCE INFO

CARRIER: _____ PHONE NUMBER: _____
 ADDRESS: _____
 POLICY NUMBER: _____ POLICY HOLDER: _____
 GROUP NUMBER: _____

| | | | | |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------|
| FOR OFFICE USE ONLY: | RCVD: ____ / ____ / ____ | BY: _____ | AMOUNT: \$ _____ | CASH / CHECK #: _____ |
| READING TIME SLOT: | _____ Session 1 = 8:30 - 11:00 | _____ Session 2 = 9:00 - 11:30 | _____ Session 3 = 9:30 - 12:00 | |