



PARK ACADEMY

Ignite. Empower. Imagine.

Summer Reading Intensive Program 2019 Summer School Application Grades K - 8

JULY 8, 2019 - AUGUST 2, 2019

This is an Orton-Gillingham-based intensive reading program specifically designed for students with dyslexia or other language-processing difficulties. For grades K-2, these students have already been identified as “at-risk” or “non-responders.” Students will engage in diagnostic, prescriptive, explicit instruction using a multi-sensory approach to improve phonemic awareness, phonological processing, and sight word recognition. These are small groups of 2 -4 students. The K-2 program is Monday - Friday. All other grades are based on need and the best instructional fit for your child.

***Any student not currently enrolled in Park Academy will need to complete an assessment in reading and/or math with our staff prior to starting the program to ensure they are placed appropriately. This is an additional fee of \$100 for each reading or math program.**

CLASS GRADE LEVELS AND SESSION SCHEDULE

Reading Program	Class Days	Time	Tuition
Grades K-2	M/T/W/Th/F	10am-12pm	\$1,800
Grades 3-5	M/W/F	10am-12pm	\$1,200
Grades 3-5	T/Th	10am-12pm	\$800
Grades 6-8	M/W/F	10am-12pm	\$1200
Grades 6-8	T/Th	10am-12pm	\$800



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Submission of this application and a \$100.00 deposit for each session (applied to tuition) are required to attend our summer school program. The remaining balance of tuition will be due June 28, 2019. If your student is attending multiple classes and will be here for the supervised lunch from 12:00pm - 12:30pm, please send a lunch and beverages with your student.

Mark Box Below	Class Level	Class Days	Time	Tuition
	Grades K-2	M/T/W/Th/F	10am-12pm	\$1,800
	Grades 3-5	M/W/F	10am-12pm	\$1,200
	Grades 3-5	T/Th	10am-12pm	\$800
	Grades 6-8	M/W/F	10am-12pm	\$1200
	Grades 6-8	T/Th	10am-12pm	\$800

PLEASE CHECK THE BOX ABOVE FOR THE CLASS YOU ARE REGISTERING FOR.

Class Level Selected Above	Class Days	Cost	Deposit (\$100 per Class)	Remaining Balance (Cost - Deposit)
*Testing	NA	\$100.00	\$100.00	\$0.00
TOTAL				

Student Name: _____

(Due upon enrollment)

(Due 6/28/19)

Amount Enclosed: _____

Payment Method: Cash Check (made payable to Park Academy)

Credit Card Visa MasterCard American Express

(Will incur a 2% processing fee)

Name on Card _____ Card Number _____

Exp. Date _____ / _____ CID _____ Billing Zip Code _____



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2019 Summer School Application

Applicant Information

Legal Last Name	Legal First Name	Preferred Name	Current Grade
Gender	Date of birth (month/day/year)	Place of birth (city/state/country)	SSN
Address	City	State	Zip
Phone	Parent/Guardian primary email address		

School Information

Current School	Telephone	Grade(s) attended	
Address	City	State	Zip

Parent/Guardian (A) Information

Parent's/Guardian's Name	Relationship to applicant		
Spouse/Partner, if not child's parent/guardian			
Address (if different from applicant)			
City, State and Zip	Home Phone	Email	
Cell Phone	Work Phone	Occupation	Employer/Firm Name

Parent/Guardian (B) Information

Parent's/Guardian's Name Relationship to applicant

Spouse/Partner, if not child's parent/guardian

Address (if different from applicant) City, State and Zip Home Phone

Cell Phone Work Phone Email

Occupation Employer/Firm Name

Emergency Contacts & Health Information

Who should be notified in case of emergency other than parent/guardian

First Contact Name (other than parent) Relationship to applicant

Home Phone Work Phone Cell Phone

Second Contact Name (other than parent) Relationship to applicant

Home Phone Work Phone Cell Phone

Physicians Name Phone Hospital

Dentist Name Phone

Please indicate any medical conditions the school should be aware of:

_____	Allergies/Specify	_____	Asthma	_____	Bleeding Disorder
_____	Bee Sting	_____	Migraines	_____	Diabetes
_____	Heart Condition	_____	Hearing Problems	_____	Seizures
_____	Vision Problems				

Other: _____

Please indicate any medications the student is currently taking:

In an emergency, if the Parent/Guardian, designated Physician/Dentist cannot be reached, I authorize Park Academy to transport and/or obtain medical services from any doctor for my child.

Parent/Guardian Signature

Date

STUDENT PROFILE

Please indicate your student's unique learning differences and needs: _____

Describe your child's interaction with peers: _____

Please share anything else that will help our staff serve and support your child: _____
