

For Office Use:



Program Application

Child's name (Please print)		
Date of Birth (day/month/year)		
Age	Grade	
School		
Teacher		
NAME of PARENT/GUARDIAN		
Address		
City	Postal Code	
Email		
Phone (h)	(w)	(c)
Educational Services your child has received, if any:		
Please provide a summary of your concerns with respect to your child's literacy skills:		