

3. Please tell about specific concerns you have in each area.

Reading:

Math:

Oral Language Development:

Written Language Development:

Fine Motor/Handwriting:

4. What would you like to see us focus on during this summer tutoring experience? Please list in prioritized order:

FOR OFFICE USE ONLY

_____ Teacher Questionnaire	_____ Work Samples	Total Fee: _____
_____ Parent Questionnaire	_____ Progress Reports	Reg. Fee: _____
_____ Psychoed. Evaluation	_____ Speech/ O.T.	Balance: _____



Flexible summer tutoring
in math and language arts

11508 Main Street, Middletown, KY 40243
 (502) 244-7090
 fax: (502) 244-3371
www.summit-academy.org

Circle the specific **DAYS/DATES** you want tutoring for your child:

June				
M	T	W	TH	F
14	15	16	17	X
21	22	23	24	X
28	29	30		

July				
M	T	W	TH	F
			1	X
5	6	7	8	X
12	13	14	15	X
19	20	21	22	X

Circle **TIME PREFERENCE** : 8:00 a.m. 9:00 a.m. 10:00 a.m. 11:00 a.m.
12:00 noon 1:00 p.m. 2:00 p.m.

(Tutoring sessions are 50-minutes long and begin on the hour.)

A \$75.00 NON-REFUNDABLE REGISTRATION FEE
is due with this application in order to secure placement.

Name _____ DOB _____ Phone _____
 Address _____ City _____ Zip _____
 Mother's Name _____ Business Phone _____
 Cell Phone _____
 Father's Name _____ Business Phone _____
 Cell Phone _____

Have you previously been enrolled in a Summit Program? Yes _____ No _____
Grade (for upcoming year) _____ School _____

Please submit the following documents with this application:

- Most recent progress report or report card
- Recent class work samples
- Current achievement test data
- If applicable - speech, occupational therapy, psychological evaluations

We will send a teacher questionnaire to one or more of your child's teachers. This information helps us to plan appropriate instruction for your child. Please provide the names and addresses below:

Teacher's Name/School: _____
Address: _____

Teacher's Name/School: _____
Address: _____

In case of **EMERGENCY**, please contact (in this order):

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

Medication Taken _____ Dosage _____

Allergies (especially medication) _____

Health/ Medical Problems _____

Do you authorize Summit personnel to administer: Tylenol? _____ Ibuprofen? _____

Preference of hospital for emergency? _____

Name of Doctor _____ Phone _____

Please list any other information which you feel would be pertinent in regards to accident, emergency, etc.

I, _____, parent/guardian (circle one) of _____,

do hereby authorize Summit Academy to obtain emergency medical care for my child. I agree to incur all expenses related to this emergency medical care, and I release Summit Academy and their personnel from any liability relating to this emergency medical care.

Parent's Signature _____ Date _____

PARENT QUESTIONNAIRE

Student's Name _____ Birth Date _____

Form completed by: Mother _____ Father _____ Both _____

1. In your opinion, what do you see as the major weaknesses, which are interfering with your child's learning?

2. Describe your child's strengths.

