



Summer Language & Literacy Enrichment Program

Description: The Learning Assessment Center LLC and Cut to the Speech LLC are collaborating to provide a summer language and literacy enrichment program for children with red flags or diagnosis of dyslexia and other language-based learning disorders. The enrichment program will target receptive language, expressive language, listening comprehension, following directions, vocabulary, retrieval, decoding, spelling, reading comprehension and so much more! These skills will be targeted through explicit instruction, crafts, STEM projects, and oral presentations. If you are interested in helping your scholar prevent summer slide, solidify current skills, learn new skills, and equip them with new tools for the upcoming school year, please complete the form attached.

This year's summer theme will be "**Around the World!**" Your child will explore North America, South America, Asia, and Africa while building their language and literacy skills in a small group setting tailored to each child's academic needs.

When: Session 1 June 7- July 1st

Session 2 July 5th – July 29th

Where: 34 Lenox Pointe NE, Atlanta, GA 30324



**Summer Language & Literacy Enrichment Program
2021 Registration Form**

Child's Full Name:		Date of Birth:
Child's Preferred Name:		Age:
Current School:		Upcoming Grade:
Parent/Guardian's Name 1:	Parent/Guardian's Name 2:	Emergency Contact Name:
Home Address:	Home Address:	Home Address:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Email Address:	Email Address:	Email Address:
List allergies, health concerns, and medications required during program:		
Child's Physician Name & Phone		



In the event my child, while attending the Summer Language & Literacy Enrichment Program, requires emergency treatment and it is impossible to locate a parent or the person designated as emergency contact, I give my permission to Summer Language & Literacy Enrichment Program to secure the necessary treatment and to take such steps as are immediately required.

Signature of Parent or Legal Guardian

Date

Below are the sessions and dates for the 2021 Summer Language & Literacy Enrichment Program. Session 1 will take place in June and session 2 will take place in July. Session 1 & 2's tuition are both \$1,200. If you sign up for both months, a \$100 discount will be provided. Please select all sessions requested for enrollment:

Session 1	Dates : June 7 th –July 1 st , 2-4pm
Monday/Tuesday	
Wednesday/Thursday	

Session 2	Dates : July 5 th –July 29 th , 2-4pm
Monday/Tuesday	
Wednesday/Thursday	

We will continue to accept summer registration forms until the program is full. However, please note that summer slots will be filled in the order they are received, so we encourage families to be prompt if this program is an excellent fit for your scholar.



Which language & literacy skills does your child need support and/or remediation in?
Check **ALL** that apply.

Language		Literacy	
Listening Comprehension	<input type="checkbox"/>	Phonemic Awareness	<input type="checkbox"/>
Receptive Vocabulary	<input type="checkbox"/>	Phonological Awareness	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	Decoding	<input type="checkbox"/>
Linguistic Concepts	<input type="checkbox"/>	Sight Words	<input type="checkbox"/>
Retrieval	<input type="checkbox"/>	Spelling	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>
Organization	<input type="checkbox"/>	Fluency	<input type="checkbox"/>
Expressive Vocabulary	<input type="checkbox"/>	Vocabulary	<input type="checkbox"/>
Expressive Language	<input type="checkbox"/>	Written Expression	<input type="checkbox"/>

What else would you like to share regarding your child's academic strengths and areas of improvements?

What motivates your child to learn new information or a new skill?



Authorization to Obtain/Release Information

Child's Full Name:	Date of Birth:
Parent's Name:	
Parent's Signature:	

This form when completed and signed by you, authorizes me to obtain/release protected information. Please initial below:

_____ The information may be disclosed to the agency/person listed below:

_____ The information may be obtained from the agency/person listed below:

_____ The information may be shared between Learning Assessment Center, LLC and its clinicians and the agency/person listed below:

Name: Breonna Simmons

Agency: Cut to the Speech LLC

Address: 3715 Northside Pkwy

Atlanta, GA 30327

Telephone: 404-666-1052

Type of Information (Required): All records pertaining to this student's psycho-educational evaluation, Individualized Education Plan, and school/academic reports.

Thank you for completing the 2021 Application for the Summer Language & Literacy Enrichment Program 😊