

**The Reading Station
At Lakewood Ranch**
Summer Registration Form



Name of Student: _____ Age: _____

Grade: _____ School: _____

Availability – Please list the dates and times you will be available for reading sessions.

Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____
Friday: _____

Summer Vacation: We will be unavailable for the following dates and times:

Deposit: Please enclose a check for \$99.00. This will be applied towards your first invoice. This is a non-refundable deposit. **YOUR DEPOSIT MUST BE RECEIVED TO COMPLETE THE APPLICATION AND RESERVE YOUR SPACE.**

Mail to: The Reading Station
9070 58th Drive East, Unit 101
Bradenton, FL 34202

The Reading Station

ENROLLMENT FORM

Date _____

Student Name _____

Parent/Guardian Name _____

Address _____

Apartment _____

City State Zip code _____

Home Telephone _____

Work Telephone _____

Cell Telephone _____

Email _____

Student Age _____

Date of Birth _____

School Name _____

Grade _____

Has student previously been retained? Yes No If yes, what grade? _____

Does student receive ESE services in school? Yes No

Does student have an Academic Improvement Plan (AIP)? Yes No

Do we have permission to share student's information with classroom teacher? Yes No

Are there any medical/allergy conditions? Yes No

Is there any other information you wish to give us in order to help us work with the student?

PAYMENT ELECTION FORM AND POLICY

Indicated below are our payment policies and payment choices:

- If you choose to pay by personal check, cash, or credit card, you may pay monthly or bi-weekly. All invoices will be delivered to you before the 1st of each month. You may pay in person or send in your payment through the mail.
- In order for your child's sessions to continue without interruption, we do expect prompt payment when due. Please be advised that **there will be a late fee assessed of \$15.00 after your bill is 10 business days past due.**
- There will be a \$25.00 fee charged for all returned checks.

Please indicate below which method of payment you are choosing:

If you wish to pay 2 months in advance by any of the methods listed below, there will be a 5% discount.

1. Credit Card _____ Monthly _____ Bi-Weekly _____
2. Personal Check _____ Monthly _____ Bi-Weekly _____
3. Cash _____ Monthly _____ Bi-Weekly _____
4. Bi-Monthly Option _____ Save 5% by paying 2 months in advance.

By signing below I acknowledge that I have read and understand the payment policy

Parent/Guardian Signature