



Small Group Reading Program Registration Form

Please fill out and return both pages of this form by email to programs@literacysociety.ca.

Our coordinator will follow up to set up a complimentary phone or personal consultation to determine specific needs and to confirm availability in the program.

Location: Literacy Society Learning Centre - #302 – 3402 27th Avenue (People Place), Vernon **Group**

Size: Up to 16 students with one teacher for every 8 students

Time: 3:00pm – 4:30pm

Program Fee: \$320 (no gst) for 2x per week or \$160 for 1x per week. Includes a healthy snack. Payment may be made by cash, cheque, or e-transfer. For e-transfer, please use email admin@literacysociety.ca and send security question and answer in a separate email.

No refunds or substitutions will be permitted after the program begins. Makeup classes will be provided if we need to cancel a session due to unforeseen circumstances.

*Please let the coordinator know if you require financial assistance.
We are a registered charity and strive to accommodate all budgets.*

**Transportation must be pre-arranged and is the responsibility of the parent/guardian!
Please ensure that you arrive on time. Thank you.**

Program Start Date: _____ Day(s): Tues and Thurs OR Tues or Thurs

Student Name: _____ School: _____

Grade: _____ Age/DOB: _____

Teacher(s): _____

Parent/Guardian Name(s): _____

Phone: _____

Email: _____

Address: _____

Student Information

1. What areas does your child need support in?
2. Is your child currently receiving any extra help through the school or elsewhere? If so, what?
3. If there is any other information about your child that would help us, please comment below.

4. Please indicate if your child has any allergies or other health considerations:

5. Emergency Contact: _____

Relationship to child _____

Phone 1 _____ Phone 2 _____

6. Other than myself, the following adults have my permission to pick up my child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

7. From time to time photos may be taken of your child and used for promotional purposes. Please indicate below if you would prefer that your child not be photographed:

Parent/Guardian Signature _____ Date: _____

For office: Date received	Receipt provided
Payment method:	
Notes:	