



Student Name: _____

Student Birthday: _____

School for 2017/2018 School Year: _____

School for 2018/2019 School Year: _____

Teacher (s) for 2018/2019 School Year: _____

Student Mailing Address: _____

Parent Name (s): _____ Home Phone: _____

Cell Phone: _____ Email: _____

Days Available to Attend Classes: (circle all that apply):

Monday Tuesday Wednesday Thursday Friday

Check off the areas you are interested in:

_____ I am interested in private reading sessions (K-5).

_____ I am interested in group reading sessions (K-5).

_____ I am interested in private reading sessions (PRE-K).

_____ I am interested in group reading sessions (PRE-K).

_____ I am interested in group MATH sessions (PRE-K).

I, _____ give Vero Reading Garden, LLC permission to test my child, _____ on early reading and/or math skills. I understand that if my child is tested, Vero Reading Garden, LLC will not share the results with a third party. This evaluation is for placement purposes only.

All private and group sessions are held once a week. The group, preschool math/reading classes have four classes per month. Grades K-5 classes follow the public school calendar. Classes will not be held on days off of school. The monthly invoice will reflect that. I understand that there is a once-per-year \$30 registration/materials fee and that missed classes will not be substituted or refunded. Make all checks payable to VERO READING GARDEN. Payment is due by the 25th of each month for the upcoming month. I also give Vero Reading Garden permission to take photos of my child to be used for publications, including advertisements, social media posts, and/or printing publications.

Sign: _____

Print: _____ Date: _____