



Student Name: _____

Step Up ID Number (if applicable): _____

Student Birthday: _____

School for 2023/2024 School Year: _____

School for 2024/2025 School Year: _____

Teacher (s) for 2024/2025 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) Cost is \$75 per class.

_____ I am interested in group reading sessions (K-5) Cost is \$40 per class.

_____ I am interested in private reading sessions (PRE-K) Cost is \$75 per class.

_____ I am interested in group reading sessions (PRE-K) Cost is \$60 per month.

_____ I am interested in group MATH sessions (PRE-K) Cost is \$60 per month

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: _____



Waiver Of Liability

I, _____

Of _____

City _____ State _____ Zip _____

Being of lawful age, do now release, acquit, and forever discharge First Baptist Church of Vero Beach, 2206 16th Avenue, Vero Beach, Florida 32960, from all actions, claims, demands, or damages accruing to me or my family resulting from any known or unknown injury, loss, or damages, on the above-described premises.

Signature:

_____ Date _____

Acknowledgment:

_____ Date _____

Title _____

First Baptist Church of Vero Beach