

KINDER KAMPUS READING CLASS APPLICATION FORM

CHILD'S INFORMATION

Name of child: _____

Sex: Male Female:

Home Address:

School the child currently attends: _____

What grade is the child currently in: _____

Current school telephone number: _____

Does your child recognizes Sight Words? Yes No

Was your child ever diagnosed with autism? Yes No

Is your child known to have any learning disability? Yes No

What reading level would you place your child?: Cannot read Recognizes basic words

Reads satisfactory but not up to age level

MOTHER'S INFORMATION

Mother's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Place of work: _____

Work Address: _____

Email Address: _____

FATHER'S INFORMATION

Mother's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Place of work: _____

Work Address: _____

Email Address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

PERSONS AUTHORISED TO PICK-UP YOUR CHILD

1) Name: _____ Relationship: _____

Type of ID: D.L. Passport: National I.D.: I.D #: _____

2) Name: _____ Relationship: _____

Type of ID: D.L. Passport: National I.D.: I.D #: _____

3) Name: _____ Relationship: _____

Type of ID: D.L. Passport: National I.D.: I.D #: _____

4) Mother:

5) Father:

Name of person submitting the form: _____

Signature: _____

Date: _____

PLEASE NOTE THE BELOW DOCUMENTS TO SUBMIT WITH THIS APPLICATION FORM:

- I.D for each authorized pick-up person
- I.D for parent/guardian submitting this form
- Passport sized photograph of the child

