

**SVSD SUMMER LEARNING ACADEMY  
2009 Elementary School Registration**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Grade Level (2008-09)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number where parent/guardian can be reached during SLA hours (8:00 – 12:00 PM)

**Check the line next to the course for which the child is registering**

\_\_\_\_\_ **Preschool Session**  
(Must be registered as a Kindergartner 2008-09)  
Cost: Resident \$180  
Minimum of 9 students needed for class to run.

\_\_\_\_\_ **Kindergarten Session**  
(Must have attended Kindergarten 2008-09)  
Cost: Resident \$180  
Minimum of 9 students needed for class to run.

**Grades One to Five: \*\*\*\*Please note: for those students attending more than one course, we may switch times within what you have requested to better meet their needs.**

**Writing**                      **Circle one:**                      **Achieve Standards**                      **Maintain Standards**  
Grades 3-5                      \_\_\_\_\_ 9:00 – 10:30                      OR                      Grades 1-2                      \_\_\_\_\_ 10:30 – 12:00

**Reading**  
Grades 1-2                      \_\_\_\_\_ 9:00 – 10:30                      OR                      Grades 3-5                      \_\_\_\_\_ 10:30 – 12:00

**Math**                      **Circle one:**                      **Achieve Standards**                      **Maintain Standards**  
Grades 3-5                      \_\_\_\_\_ 9:00 – 10:30                      OR                      Grades 1-2                      \_\_\_\_\_ 10:30 – 12:00

**Sunday**  
Please check ALL the 45-minute periods that you child is able to attend. We will schedule students according to their Sunday level and their availability. You will receive notification of your child's schedule prior to the beginning of SLA.

\_\_\_\_\_ 8:00 – 8:45                      \_\_\_\_\_ 8:45 – 9:30                      \_\_\_\_\_ 9:30 – 10:15                      \_\_\_\_\_ 10:15 – 11:00  
\_\_\_\_\_ 11:00 – 11:45

**Please complete both sides of this form.**

**Earobics/FastForward** Put and E for Earobics or an F for FastForward next to the time(s) your child will attend.

\_\_\_\_\_ 8:00 – 8:30      \_\_\_\_\_ 8:30 – 9:00      \_\_\_\_\_ 9:00 – 9:30      \_\_\_\_\_ 9:30 -10:00  
\_\_\_\_\_ 10:00 – 10:30      \_\_\_\_\_ 10:30 – 11:00      \_\_\_\_\_ 11:00 – 11:30      \_\_\_\_\_ 11:30 – 12:00

\_\_\_\_\_ Please check here if your child's schedule can be flexible and can change to better meet his/her needs within the time constraints of the SLA.

Does your child have an IEP or other documented learning/health needs?

---

---

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

\* Those who receive Free and Reduced Lunch are eligible for reduced tuition for Reading, Writing and Math Classes.

**PAYMENT: CASH AMOUNT:** \_\_\_\_\_

**CHECK AMOUNT:** \_\_\_\_\_ **CHECK NO.:** \_\_\_\_\_

**If payment is by check, please make payable to: Saucon Valley School District**

**(NOTE: A fee of \$10 will be added for all Returned Checks)**

**\*\*\*\* Checks will not be deposited until July.**

**Please complete both sides of this form.**