

*SUNY - PLATTSBURGH
DEPARTMENT OF LITERACY EDUCATION*

SUMMER 2008 CLINIC -ENROLLMENT REQUEST* FORM

***Submitting application does not guarantee placement. See the Policies and Information Sheet for additional information.**

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**Day and General Dates:**

**Session B: M-Th, 4 weeks, 90 minutes/day (4:30-6:00 p.m.), M June 16<sup>th</sup>- Th July 10<sup>th</sup>**

**Session C: M-Th, 4 weeks, 90 minutes/day (8:30-10:00 a.m.), M July 21<sup>st</sup>- Th August 14<sup>th</sup>**

**FEE: \$150.00 (see Payment Information Form)**

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INFORMATION – CHILD

Full Name: (last) _____ (first) _____

Address: (street) _____

(city) _____ (zip) _____

Date of Birth: ____/____/____ Current Age: (years/months): ____/____
month day year

Grade (in 2007-2008): _____ School Attended (in 2007-2008): _____

INFORMATION – PARENT(S)/GUARDIAN(S)

Full Name: (last) _____ (first) _____ Relationship to child _____

Address: (street) _____

(city) _____ (zip) _____

Telephone (home) _____ (cell) _____ (work) _____

e-mail address: _____

ADDITIONAL INFORMATION

SESSION REQUESTED: (check) _____ Session B **OR (check) _____ Session C**

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**Signature of Parent/Guardian: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Tutors will contact Parents. Spaces are limited.**