



IN 20/20
SEE
HOW
CHILD
LEARNS
TO LOVE
TO READ

The Reading Whisperer presents...

Summer Reading Club 2020

Groups Forming Now!

Give Your Child a Great Reading Foundation...

Build on your child's *Great Start*

Enhance Their Reading Skills

Be Prepared For September Reading Assessments

Individual or Group Sessions Available!

Designed to meet All Reading Ability Levels

- A Phonetic Foundation for Reading
- The Beginning Reader
- The Advancing Reader (grades K, 1st, 2nd & 3rd +)
- Book Clubs – (independent readers enjoy comradery and enhanced appreciation of at-home reading through group discussion)

The Summer Reading Club is an interesting and fun-filled way for your child to

- Build a basic phonetic foundation for future reading
- Strengthen beginning Reading skills
- Enhance Current Reading Abilities

Sign Up Now! Invite a Friend!

One-hour individual tutoring sessions available (50 minutes)

One-hour group tutoring sessions available (50 minutes)

– *small groups are forming now!*

One-hour Book Clubs available (50 minutes)

– *let us know you're interested!*



Application On Reverse Side
American Montessori Society Certified Teacher
Located in Downtown Libertyville, IL

Contact:
Peggy Coleman
(847) 370-6140

peggycoleman@thereadinghisperer.com

Visit us at www.thereadingwhisperer.com

- www.facebook.com/PeggyTheReadingWhisperer
- twitter.com/ReadngWhisperer
- www.linkedin.com/in/peggyjeancoleman
- www.instagram.com/the_reading_whisperer

The Reading Whisperer Summer Tutoring Sessions & Book Clubs

Contact: *Peggy Coleman* | (847) 370-6140 | peggycoleman@thereadingwhisperer.com

Application/Contract for Summer Reading Club

If you are interested in having your child or children attend The 2020 Summer Reading Club, please complete this form (one for each child) and scan, attach and email to: peggycoleman@thereadingwhisperer.com

Child's Name:	Gender	Phone#
Child's Age	School Name	Grade in Fall
Home Address	City, ST, ZIP	
Date of Birth		
Mother's Name	Email	Cell Phone
Father's Name	Email	Cell Phone

-Medical Treatment Release Form: I hereby give my permission for my child, _____ to receive emergency medical care which may include, but is not limited to, first aid, care by a physician and care by a local hospital.
 Doctor's Name/Phone # _____
 Please list Medications, Allergies (including food), and Chronic Medical Conditions _____
 - I grant permission for my child's photo to be shared on our online sites.
 Signature of Parent _____ Date _____

Select Session Choices:

<input type="checkbox"/> Individual	\$60	50 minute session
<input type="checkbox"/> Small Groups	\$35	50 minute session
<input type="checkbox"/> Book Club	\$20	50 minute session

To obtain the maximum benefit from the program, please request as many times slots as your child is available.

Circle your preferred days **Rank your preferred times (1-4)**

Monday	Tuesday	Wednesday	Thursday
June 8, 15, 22, 29	June 9, 16, 23	June 10, 17, 24	June 11, 18, 25
July 13, 20, 27	July 7, 14, 21, 28	July 8, 15, 22, 29	July 9, 16, 23, 30
August 3, 10, 17	August 4, 11, 18	August 5, 12, 19	August 6, 13, 20

___ 9:30 AM ___ 10:30 AM ___ 11:30 AM ___ 12:30 PM ___ 1:30 PM ___ 2:30 PM ___ 3:30 PM ___ 4:30

Additional dates & times available upon request Summer Reading Club Tuition due in full on the first day of class.

Signature of Parent _____ Date _____

Reading Level, Goals & Concerns: _____

American Montessori Society Certified Teacher

Find us on Facebook: www.facebook.com/PeggyTheReadingWhisperer

Read more about Peggy Coleman's teaching career on LinkedIn: www.linkedin.com/in/peggyjeancoleman