

The Reading Whisperer  
**Summer Tutoring Sessions & Book Clubs**

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

## Application/Contract for Summer Reading Club

If you are interested in having your child or children attend The 2018 Summer Reading Club, please complete this form (one for each child) and fax to 224.475.0464 (or scan, attach and email to: [peggycoleman@thereadingwhisperer.com](mailto: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 10, 17, 24	June 11, 18, 25	June 12, 19, 26	June 13, 20, 27
July 8, 15, 22, 29	July 9, 16, 23, 30	July 10, 17, 24, 31	July 11, 18, 25
August 5, 12	August 6, 13	August 7, 14	August 1, 8, 15

\_\_\_ 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](https://www.facebook.com/PeggyTheReadingWhisperer)

Read more about Peggy Coleman's teaching career on LinkedIn: [www.linkedin.com/in/peggyjeancoleman](https://www.linkedin.com/in/peggyjeancoleman)