



Saturday English Immersion Program

Student Application

The class will meet every Saturday from October 1– December 17 (except Thanksgiving Weekend) from 9:15 -11:45am. The class is FREE, but you must commit to attending every session in order to be accepted. Students must be dropped off and picked up on time.

Child's Name: _____

Child's Age: _____ Child's Grade: _____ Birthdate: _____

Are you able to commit to attending the entire program 10/1 – 12/17? _____

Parent/Guardian Information

Mother's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Mother's occupation: _____ Email address: _____

Father's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Father's occupation: _____ Email address: _____

List the language(s) spoken in your home _____

Who does your child live with? _____

Emergency contact: _____ Relationship to child: _____

Emergency contact phone #: _____

Academic Information

Does your child have an IEP or 504 Plan? (Yes or No) If yes, please provide a copy.

Does your child have any other diagnoses that you feel we need to be aware of (autism, ADHD, etc.)? _____

Does your child require daily medication between the hours of 9:15-11:45am? _____

What support services does the school provide your child?

Does your child have speech, hearing, or vision issues? If yes, please explain. _____

Does your child have behavioral problems in school or at home? If yes, please describe.

Do you have reliable transportation to drop your child off promptly at 9:15am and pick them up at 11:45am? _____

RETURN THIS APPLICATION TO THE ADDRESS BELOW BY SEPTEMBER 24.

Literacy Nassau/Saturday Program

1 Ivy Lane

Wantagh, N.Y. 11793

Tel. 516-867-3580

www.literacynassau.org