



**Rev Up Your Reading XV:  
A Four Week Academic Intervention**  
July 1 – 30, 2019 (Closed July 4 & 5), 9 am – 12:30 pm

**Application for Admission**

**GENERAL INFORMATION:**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address** (if different from above): \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**STUDENT INFORMATION:**

**School:** \_\_\_\_\_ **Grade completed** (by 6/19): \_\_\_\_\_

**What services does the student receive at school?** \_\_\_\_\_

**Reasons for interest in this program:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Does student receive Orton-Gillingham tutoring?**            Y    N

**Does student receive Orton-Gillingham tutoring at the Blosser Center?**    Y    N

**If so, by whom:** \_\_\_\_\_

**What type of penmanship is used at your child’s school?**    manuscript            cursive

**Please note two or three of your child’s interests:** \_\_\_\_\_

**Any condition the program should be aware of?** \_\_\_\_\_

**Medication Policy:** Students taking medication during the school year must continue medication during summer program.

**Student behavior must be amenable to working and learning in small groups.**

**Reading/spelling assessment is required for enrollment.** An appointment will be scheduled in May or June. Assessment time is about 30-40 minutes. The deposit will be refunded if the Blosser Center determines that the student would not benefit from the program.

**TUITION:** Tuition for O-G tutoring (reading, spelling and handwriting), expository writing and math: \$2400.

Please make checks payable to: ***The Blosser Center***. A deposit of \$500 is due with the application. Upon admission to the program, the fee is applied toward tuition. Balance must be paid in full by July 1, the first day of class.

If you cancel, the deposit will be refunded only if we can fill the slot with another student. If we cannot fill the spot with another student, your deposit will not be refunded.

Please call the office to pay with a debit or credit card.

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### **ENROLLMENT PROCESS:**

**Return this completed application form and deposit to the address below.** Upon receipt, you will receive confirmation of your child's space. If your child is waitlisted, and a space does not open up, your deposit will be returned in full.

A screening assessment will be scheduled for each applicant in May or June. The assessment will determine the appropriateness of the program for your child. If the student will benefit from our program, the student will be enrolled. An enrollment packet will be sent to you and the balance of tuition will be due. If testing shows that your child will not benefit from our program your deposit and any tuition paid will be returned. Your withdrawal from the program for any other reason, results in the forfeit of deposit.

*School starts Monday, July 1 at The Blosser Center, inside  
the Rose City Park Presbyterian Church (1907 NE 45<sup>th</sup>)  
9 am-12:30pm daily*

#### **Questions?**

The Blosser Center: 503-234-4060 ([info@theblossercenter.org](mailto:info@theblossercenter.org))

#### **Mail application and deposit to:**

The Blosser Center for Dyslexia Resources  
Mail: PO Box 18082  
Portland, OR 97218

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Blosser Center welcomes all children who will benefit from our program, regardless of race, gender, religion, ability, family background, and family composition.*

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