



Summer at Scottish Rite

308 Avenue E

San Antonio, TX. 78205

210-222-0133

www.srlearningcenter.org

Application Form

Child's Name _____ Sex _____

Parent/Guardian _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Home Ph _____ Work Ph _____ Cell Ph(s) _____

Emergency Contact & Phone: _____

Child's Present School _____ Present Grade _____ Age _____ DOB _____

Name of District _____

Father's Name _____

Mother's Name _____

Brother(s) Age(s) _____ Sister(s) Age(s) _____

PLEASE CHECK EACH SESSION YOU WISH TO ATTEND

*APPLICATION DEADLINE **June 30***

Class time 9:00-11:30 Monday-Friday

Cost of each session is \$160.00.

_____ July 12-16

_____ July 19-23

_____ July 26-30

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Information about your child:

Is your child currently taking medication? If so, please list medications and condition being treated.

Does your child have any medical conditions that would affect his/her performance in the classroom?

Has your child shown signs of any of the following? (Check any that are applicable)

Delayed oral language

Difficulty learning the alphabet

Difficulty rhyming words

Weak decoding skills

Poor sound symbol recognition

Inadequate vocabulary development