



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

_____ July 6-10

_____ July 13-17

_____ July 20-24

Circle your preferred Class time: Ages 5-7 8:30 am- 9:30 am 9:45 am-10:45am 11:00 am-12:00 am
Ages 6-12 8:30 am-10:00 am 10:30 am-12:00am

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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