

Mail in Registration Form

Spring 2012

Student's Name _____
(the name you would like your child to be called)

Date of Birth ____/____/____ Gender _____

Current School (2011-12) _____ Next Grade(2012-13) _____

Future School (2012-13) _____

Parents' Names _____

Primary Phone Number _____

Secondary Phone Number _____

Address _____

City _____ Zip _____

Email Address _____

Please share any additional information you would like your teacher to know about your child.

Class Preference:

1st Choice: Class _____ Day _____ Start Time _____

2nd Choice: Class _____ Day _____ Start Time _____

Payment Calculation:

Head Start to Reading 175.00 _____

Next Steps to Reading 175.00 _____

Skill Builders 175.00 _____

My Route to Reading 225.00 _____

If registering 2 siblings, deduct 10% from youngest child's registration - _____

TOTAL DUE (at time of registration): _____

\$15 from each class is non-refundable after making your payment unless you are unable to take a class because it is full.

You will receive an email confirmation when your registration is received. Mail or drop off form with payment to:

Head Start to Reading, 12310 Jones Road, Houston, TX 77070