



**CARDINAL STRITCH UNIVERSITY**

Site/Status \_\_\_\_\_ / \_\_\_\_\_  
 Instructor \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Site \_\_\_\_\_ CC \_\_\_\_\_ GL \_\_\_\_\_

▶ Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex: M / F MPS Student ID# \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_  
 New to Stritch \_\_\_\_\_ Month & Year Last Attended \_\_\_\_\_ Grade completing \_\_\_\_\_  
 Allergies/Medical Problems/Conditions/Medication \_\_\_\_\_

Doctor's Name \_\_\_\_\_  
 Doctor's Phone \_\_\_\_\_  
 Hospital Preferred \_\_\_\_\_

- Cardinal Stritch University agrees to notify me when my child becomes ill and I agree to arrange to pick my child up as soon as possible.
- In case of emergency, if Cardinal Stritch University is unable to reach me, I give my permission for Cardinal Stritch University to take such emergency action as it considers necessary and I give my permission for any treatment prescribed by the attending physician.
- If I am later than 15 minutes picking up my child and cannot be contacted within 30 minutes, I give permission for my authorized person listed to be contacted to pick up my child.
- Permission to exchange print and oral information with schools or other agencies.

I give my consent to the use of photograph(s) or video images of my child. (Due to privacy restrictions with regards to minors, students' names will not be used)  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP). If yes, please attach.  
 Yes \_\_\_\_\_ No \_\_\_\_\_

I give my consent for the Literacy centers to exchange oral and print information with my child's school or other institutions for educational purposes.  
 Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that my child's testing information may be used for research purposes; students' identity will be kept private.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send me information on the sliding scale

*In order for your registration to be processed please complete the payment information on the reverse side.*

▶ Parent/Guardian \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 ▶ Parent/Guardian \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Place of Employment \_\_\_\_\_

▶ Those with permission to pick up child \_\_\_\_\_  
 ▶ Two LOCAL emergency contacts MUST be listed below:  
 1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Reading - Summer Sessions:**

\_\_\_\_\_ Glendale Center 414.410.4380  
 \_\_\_\_\_ City Center (1<sup>th</sup> & McKinley) 414.410.4421

Please rank time by your preference #1, #2 or #3.

**Monday and Wednesday**  
 \_\_\_\_\_ 8:30-10:00 \_\_\_\_\_ 10:30-12:00 \_\_\_\_\_ 12:30-2:00 \_\_\_\_\_ 2:30-4:00 \_\_\_\_\_ 4:30-6:00  
**Tuesday and Thursday**  
 \_\_\_\_\_ 8:30-10:00 \_\_\_\_\_ 10:30-12:00 \_\_\_\_\_ 12:30-2:00 \_\_\_\_\_ 2:30-4:00 \_\_\_\_\_ 4:30-6:00

**Mail of Fax Registration to:**  
**CSU Literacy Centers**  
**6801 N Yates Road Box 104**  
**Milwaukee WI 53217**

**Glendale**  
**Fax: 414.410.4379**  
**Phone: 414.410.4380**  
**City Center**  
**Fax: 414.410.4963**  
**Phone: 424.410.4421**

## SUMMER 2014 TUITION RATES

Current university budget circumstances require that our literacy centers align our rates with the actual cost of instruction. The Standard Rate below covers only 85% of instructors' pay and includes no administrative/overhead costs.

### Summer Session

- Summer-Twelve 90 minute lessons from June 16-July 24.

### Standard Tuition Fee

- One to one instruction is \$31.00 per hour (\$46.50 per 90-minute lesson; \$558.00 per session)
- Small group instruction in groups of two or three students is \$21.67 per hour (\$32.50 per 90-minute session, \$390.00.00 per session) Space is limited
- One-time assessment and planning fee of \$150 per student at the beginning of the program-Check the box below to request information about the fees for a more comprehensive evaluation.
  - Send me information regarding the fees for a more comprehensive evaluation.
- Sliding scale fee information is available upon request. Check the box below to request the information.
  - Send me the sliding scale information for families eligible for free/reduced lunch.
- If you would like to help us cover our full instructional costs, an additional \$130 would be gratefully accepted.

**Please check the box of the payment plan that works best for you.**

#1  **Make one payment**-Due before the first class of \$588.00.

#2  **Make two payments** – Due before the first class and before the last class.

	One to one	Small group
Standard Rate	\$279.00	\$195.50

#3  **Make 4 payments** – Due on June 16, 25 and July 7, and 16.

	One to one	Small group
Standard Rate	\$139.50	\$97.50

#4  **Make 6 weekly payments** - Due every week.

	One to one	Small group
Standard Rate	\$92.86	\$65.00

#5  **Make 12 payments** – Due each session.

	One to one	Small group
Standard Rate	\$46.43	\$32.50

**All fees must be paid in full by the last class to continue the next session.**

We accept cash, checks and credit cards.