

LITERACY AND MATH CENTER REGISTRATION
SUMMER – 2023 (June 19 – July 27)
STANDARD PROGRAM



CARDINAL
 STRITCH
 UNIVERSITY

Instructor _____
Day _____ Time _____
Status: New Continuing Returning
Student ID # _____

Registering for the following subject(s): Literacy and/or Math

Rec'd _____

Please Print

▶ Child's Name: _____ Nickname _____
 Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female
 School: _____ Current Grade _____
 Allergies, medications, or medical conditions that we should know about: _____

▶ Parent/Guardian: _____
 Cell Phone: _____ Alternate Phone: _____
 Address: _____
 City, State, ZIP: _____
 Email: _____

▶ Parent/Guardian: _____
 Cell Phone: _____ Alternate Phone: _____
 Address: _____
 City, State, ZIP: _____
 Email: _____

▶ We communicate primarily by email. What is the preferred email, or should we email both parents/guardians? _____

▶ What is the preferred phone number: _____

▶ LOCAL Emergency Contact: _____
 Cell Phone: _____ Alternate Phone: _____

▶ Those with permission to pick up my child: _____

▶ Parent/Guardian Signature: _____
 Date: _____

▶ **FACE-TO-FACE CLASSES: Rank day/time by preference 1, 2, 3, and 4.**

MONDAYS-WEDNESDAYS	TUESDAYS-THURSDAYS
_____ 9:30–11:00 am	_____ 12:30–2:00 pm
_____ 11:30–1:00 pm	_____ 2:30–4:00 pm
_____ 1:30–3:00 pm	_____ 4:30–6:00 pm

▶ **ONLINE ONLY CLASSES: Times to be determined by families & instructors.**

ACKNOWLEDGEMENTS

- Cardinal Stritch University agrees to notify me when my child becomes ill, and I agree to arrange to pick up my child 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.
- No Show students and cancellations within 24 hours of the lesson will be charged a \$15.00 fee.

CONSENTS

- ____ Yes ____ No I give my consent to the use of photograph(s) or video images. Children's names will not be used due to privacy restrictions for minors.
- ____ Yes ____ No Does your child have an Individualized Education Plan (IEP) or 504 plan? If so, please send to the center along with the registration.
- ____ Yes ____ No I give my consent for Cardinal Stritch University 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. Children's identities will be kept private.
- ____ Yes ____ No The center is a setting for university literacy practicum courses, and teachers at the center are sometimes observed by graduate and undergraduate students. I give permission for my child's lessons to be observed and recorded using Zoom for Education.

▶ **Mail, FAX, or email registration to:**

Cardinal Stritch Literacy and Math Centers
 6801 N. Yates Rd., Box 104
 Milwaukee, WI 53217

FAX: 414.410.4379
 Phone: 414.410.4380
 Email: mfwitt@stritch.edu

