

**LITERACY AND MATH CENTER REGISTRATION**  
**SUMMER – 2022 (June 20 – July 28)**  
**STANDARD PROGRAM**



CARDINAL  
 STRITCH  
 UNIVERSITY

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

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

**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.

▶ **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: jmpagenkopf1@stritch.edu