

University of Louisiana at Lafayette
EDCI-Reading Institute
 PO Box 43591
 Lafayette, LA 70504-2051
 Reading Clinic (337) 482-5012
 Email: readingcenter@louisiana.edu

Session (Circle): **Fall:** *T W*

Spring: *T W*

Summer: *June*

Waitlist: *Fall Spring Summer*

Enrollment Form

Date: _____

Parent’s Name _____
First *Last*

Mailing Address _____
Street *City* *Zip Code*

Email Address _____

Phone Numbers _____
(Home) *(Cell)* *(Work)*

Allowed to pick up: _____ phone: _____

Child’s Name _____ **Male** **Female**
First *Last*

DOB (MM/DD/YEAR): ___/___/___ **Age** _____

Current Grade Level _____ **School** _____

***Summer Session: What grade has child completed? _____

Has your child attended the Reading Clinic in the past? Yes No **When?** _____

How did you learn about the Reading Clinic? _____

Comments on child’s ELA/Reading tutoring needs: _____

Other important information (*i.e. allergies, medications, repeated grade*)

(Do not write below this line) _____

UL Tutor’s Name _____

Date	Time	Nature of Communication	Spoke to: