



Longwood Speech, Hearing, and Learning Services presents



Camp JumpStart—Summer 2018

Who: Children 3 1/2—6 years old

What: An Intensive Emergent Literacy Program for Preschool and Kindergarten age children

Where: Longwood Speech, Hearing, and Learning Services 315 W. Third St. Farmville, VA 23909

When: Tuesdays, Wednesdays, and Thursdays July 10th - August 2nd from 9:00 am -11:45 am

*This includes a one-hour phonological awareness assessment and literacy screening session during the week of June 18th-22nd. An evaluation report will be made available for parent/guardian.

Goals: To promote learning related to alphabetic knowledge, phonological and phonemic awareness, concepts about print, developmental writing, and oral comprehension

Cost: \$85 for the first week and \$65 for each additional week. A \$40 nonrefundable deposit is required by June 4th, with this form, to reserve a space and is applied to the first week's payment.

Full payment required by June 22nd. Refunds are not given after June 30th.

10% discount for families of LU employees. Limited stipends are available, if needed.

Camp JumpStart will be conducted by Communication Sciences and Disorders graduate students and supervised by a speech-language pathologist faculty member.

Complete One Registration Form
For Each Child and Send To:
Longwood Speech, Hearing, & Learning Services
PO Box 513
Farmville, VA 23901



Contact (434) 395-2972
for more information
www.longwood.edu/shls/
www.facebook.com/LUSHLS

JUMP START REGISTRATION

Child's name: _____ Parent's name: _____

Child's date of birth: ___/___/___ Grade in the fall: _____ Current age: _____ T-shirt size _____

School currently attending: _____ Known food allergies _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email address: _____

Home address: _____

Weeks attending (Please check all that apply):

July 10-12 July 17-19 July 24-26 July 31– August 2

Who is permitted to pick up your child? _____

Please see reverse side for Photo/Video release.

Longwood University is firmly committed to non-discrimination on the basis of race, color, religion, handicap, national origin, political affiliation, marital status, sex, or age.



315 West Third Street
Farmville, Va 23901 (434)395-2972

Photography and Videography Release

Client/Participant Name: _____ DOB: _____

Parent/Legal Guardian Name: _____

I am authorizing Longwood Speech, Hearing and Learning Services to photograph and/or video the service sessions for the use(s) listed below. I understand that these are used for informational, educational and/or promotional purposes only and will not be sold to any outside agency.

I give consent for: (Initial) _____ Photography (Initial) _____ Videography of the following:

Initial _____ Education/Training of Students

Initial _____ Official University Publications

Initial _____ Marketing Materials

Initial _____ Camps and will be shared with other participants

Initial _____ I **DO NOT** given consent for photography or videography.

X _____

Signature of Client

X _____

Signature of Parent/Legal Guardian

Date Signed: _____

Expiration date of authorization: ____/____/20____

No expiration date: