



THE READING CLUB



Dear Parents, I am excited to announce that **Ms. Miriam's Reading Club** is being offered again at La Prima Casa for the 2016-2017 school year. The Reading Club is an extra-curricular program designed to enrich and promote your child's reading and comprehension skills. Children must be at least 4 years old to participate*.

The program is geared to learning new and exciting ways to read and comprehend material. Reading material will include fiction and non-fiction books and stories that will spark your child's imagination and interest. Your child will work on activities and games that promote text comprehension and fluency. Children will be placed in small groups at their Montessori program level and participate in groups that stimulate their reading curiosity and desire to read.

Students will participate in classes once per week, lasting 45 minutes. Please complete the registration form below and include a \$350 check made to Miriam Azan for the first semester (14 classes). Books and materials are included.

Private Classes available – Please contact instructor to discuss.

Today's date: _____ Homeroom Teacher _____

(PLEASE PRINT)

Name of Student: _____ Date of birth: ____/____/____

MO / DAY / YR

Sex: _____ Male _____ Female Is student in La Prima Casa's After Care Program? _____ Yes _____ No

If yes, days and times: _____

Does student have any allergies? If yes, please list: _____

Name of Parents: _____

Email: _____ Cellular Telephone: _____

Email: _____ Cellular Telephone: _____

Home telephone: _____ Emergency contact & phone _____

Name of person(s) (other than parents) authorized to pick-up student on a regular basis (ID will be required): _____

I understand that I will be invoiced for the second semester and payment is due one week prior to the start of the second semester. There will be no make-up class for students' missed classes. If a parent should wish to cancel classes, parent must call and speak with instructor. Any charges for returned checks are the responsibility of the student's parent. Signature below and/or payment are acknowledgement that the above information is correct and the payment policy is understood and accepted.

Please leave the completed registration form and \$350 check at the school's office in an envelope addressed to Ms. Miriam.

Signature of Parent: _____ Printed name: _____

Schedule of classes – please check one day/time according to your child's Montessori program level

Primary (2nd & 3rd Year students): _____ Tuesdays (3:00-3:45pm) **Elementary**: _____ Tuesdays (4:00-4:45 pm)

***Primary** (1st Year students): _____ Wednesdays (3:00-3:45pm)

Instructor's contact information: Email: miriamtutora1@gmail.com Telephone: 305-401-9196



Come and Enjoy the Magic of Reading



