

**SUMMER REINFORCEMENT PROGRAM
2025**

Class _____ Year _____
Office Use

Bus _____ ESY _____

STUDENT NAME _____ Age _____ Birthdate _____

ADDRESS _____
City _____ Zip _____

Parent Name _____

Email _____

Preferred Phone Number _____

Other Phone Number _____

Other Phone Number _____

Grade Just Completed _____ School District _____

School Bldg. Attending _____ Teacher's Name _____

PLEASE CHECK STUDENT INFORMATION BELOW

_____ Attending SRP for the first time

_____ An SRP returnee Year? _____

_____ Regular Education class

-----Special Classroom

My child has IEP Goals in the following:
Please check

_____ Reading Therapy

_____ Speech Therapy

(A student must have a current IEP
for Speech Therapy with specific
goals and objectives listed)

Is your child on the Autism spectrum? YES _____ NO _____

Does your child have a seizure disorder? YES_____ NO_____

Does your child have any allergies? YES_____ NO_____ Explain:

SOCIAL BEHAVIORS THAT DESCRIBE YOUR CHILD:

Please indicate how your child gets along with school friends, neighborhood playmates, siblings and others. How does your child respond to consequences for behavior choices both at home and at school?

HELP US TO KNOW YOUR CHILD:

Please share any additional information about your child. Please list any medical situations regarding your child and any medications that your child is taking. Note: Our staff does not administer medications. Please include a copy of your child's report card, IEP, teacher recommendations, etc.

TUITION PAYMENT DIRECTIONS:

Please complete the application and include \$100.00 deposit to hold your child's place. Balance of the tuition is due on the first day. **Total Tuition is \$425.00.** There is an additional **\$50** should your child need **Speech Therapy**. Deadline is May 23, 2025.

Make checks payable to *SUMMER REINFORCEMENT PROGRAM*.

Send application and check to:

Jean Cormany
6090 Spieth Road
Medina, OH 44256

<i>Total Tuition Fee</i>	\$425.00
<i>Deposit</i>	\$100.00
<i>Speech Fee</i>	50.00 (optional)

Do you request financial aid? _____No _____Yes If so, include letter of explanation
(please check) and reason why you need aid

Inquiries about the program and services:

Jane Langol at 330-813-1367 -- Kim Love at 330-289-5995

jane.langol1@gmail.com