

Date application received: _____

Date payment received: _____

Check#: _____ C/C pymt: _____

Assessment date: _____



Wings on Words Summer Day Camp Application Form May 28 – June 28, 2019

This program offers an enriched, language and literacy-based experience that fosters successful communication, creative exploration, and love of reading. To enroll, children must be 3-years-old by January 1st, and independent in the bathroom.

A pre-enrollment assessment is required and included in the application fee. Early registration is encouraged as camp fills quickly.

To apply:

- Complete the backside of this form and return it to Wings on Words Preschool, 202 E. Speedway, Tucson, AZ 85705, OR scan and email it to info@clctucson.org, OR fax it to 520-624-2947.
- Submit a \$75 non-refundable registration fee with the application.
 - (\$50 for public servants or returning WOW students).
 - Make checks payable to: Child Language Center or pay by credit card online at clctucson.org
- Upon receipt of application AND registration fee, we will schedule a pre-enrollment speech-language assessment (if needed).
- Enrollment occurs on a first-come, first-served basis.

Day Camp Enrollment Options:

Camp Options:	Program Fee (for 5 week program)	Please mark (X) your choice
Full day (8:30 - 3:30)	\$885	
Morning (8:30 – 12:00)	\$715	
Before care (7:30 to 8:30 a.m.)	\$125	
After care (3:30 to 4:30)	\$125	
Speech-language therapy *(if provided)	\$165 (for 5 week program)	

Public Service or UA Discount is available for full-day, 5-days per week option *only* (e.g. State, county or federal gov't worker, military, educator, nurse, EMS, first responder, full-time UA staff or full-time college student).

Limited scholarship assistance is available based on financial need. Scholarship applications can be downloaded on our website, located at www.clctucson.org.

Date application received: _____

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Assessment date: _____

Child's name: _____

Date of Birth: _____ Boy /Girl (please circle)

Parent name(s):

Mother: _____

Father: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____

Home/Cell Phone#:

Mother: _____ Father: _____

Work phone#:

Mother: _____ Father: _____

E-mail address:

Mother: _____ Father: _____

Has your child previously attended Wings on Words:

YES NO

If yes, please circle what previously attended: Preschool/Summer Camp/Year attended _____

If needed, please list your preferred day/time for pre-enrollment speech/language assessment:

1st choice:

2nd choice:

3rd choice:

We will do our best to accommodate your preferences, but we do not guarantee it.

Thank you for choosing Wings on Words at The Child Language Center.