

Date application received: _____

Date payment received: _____

Check#: _____ C/C pymt: _____

Assessment date: _____



Wings on Words Summer Day Camp Application Form May 26 – June 30, 2020

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 front/backside of this form and return it to:**
Wings on Words Preschool, 202 E. Speedway, Tucson, AZ 85705 OR
Scan and email: info@clctucson.org, OR Fax (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. Assessment fee is an additional \$95 for newly enrolled (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) | \$905 | |
| Morning (8:30 – 12:00) | \$735 | |
| Before care (7:30 to 8:30 a.m.) | \$125 | |
| After care (3:30 to 4:30) | \$125 | |
| Speech-language therapy *(if provided) | \$175 (for 5 week program) | |

10% 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, UA staff or full-time college student).

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

Child's name: _____ Date of Birth: _____

Boy /Girl (please circle) Date Application is Completed: _____

Mother's Information

Father's Information

| | |
|------------------|------------------|
| Name | Name |
| Cell Phone# | Cell Phone # |
| Work Phone# | Work Phone# |
| Home Address | Home Address |
| City, State, Zip | City, State, Zip |
| Email address | Email address |

Has your child previously attended Wings on Words:

YES NO

If yes, please circle what previously attended:

Preschool Or Summer Camp Year attended _____

If speech is needed, we do assessments on Thursdays and Fridays. Please circle your preferred time for pre-enrollment speech/language assessment and we will do our best to accommodate your preferences but we do not guarantee it.

Thursdays
2:30-4:00 pm
4:00-5:30 pm

Fridays
9:00-10:30 am
10:30-12:00 pm

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